

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

NEW YORK

Part 1
ALBANY to LE ROY



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

87/88

RA997
.M43
1988
New York
Pt. 1

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

NEW YORK

Part 1

ALBANY TO LE ROY

Otis R. Bowen, M.D.

Secretary

U.S. Department of Health & Human Services

William L. Roper, M.D.

Administrator

Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

Table of Contents

	Page
Introduction	I
Uses and Limitations	II
Description of the Survey and Certification Process	IV
Sources of Information	V
Further Considerations	XV
Glossary of Terms	XVIII
How to Read the Information	XX
Nursing Home Profiles	1



INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in black ink, reading "William L. Roper".

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

David Alexander, M.D.
Commissioner

OFFICE OF HEALTH SYSTEMS MANAGEMENT

Richard J. Scrimshaw
Director

Brian Hendricks
Assistant Director

Overview of Certification and Enforcement

New York State issues an operating certificate (license), subject to a two-year renewal, to an operator of a nursing home which meets state requirements. The state may take action against a facility for serious violations of the regulations. In such cases New York State Public Health Law allows the state to impose fines, appoint an involuntary receiver or revoke the license of a facility. The state may impose fines up to \$1,000 per violation for a one time occurrence, or on a daily basis for continuing violations. In all cases, the primary objective is to obtain correction of the problem, thus ensuring the health and safety of the residents.

Resources Available to Consumers

New York State Department of Health
Office of Health Systems Management
Bureau of Long Term Care Services
Room 1882
Corning Tower Building
Empire State Plaza
Albany, New York 12203
(518) 474-2051

Ombudsman Program - New York State Office for the Aging

The Long Term Care Ombudsman Program investigates and resolves, for nursing home residents, problems that relate to their health, safety or rights, whether those be with the nursing home operator or any private or public provider service. For assistance contact:

The Long Term Care Ombudsman Program
New York State Office for the Aging
Agency Building #2 - 2nd Floor
Empire State Plaza
Albany, New York 12232
(800) 342-9871

Medicaid Fraud and Abuse

To report suspected Medicaid provider fraud or nursing home patient abuse contact:

The New York State Special Prosecutor for
Nursing Home and Medicaid Fraud Control
270 Broadway
New York, New York 10007
(212) 587-5300

Those wishing to make a complaint about an incident of patient physical abuse, mistreatment or neglect in a residential health care facility, may report it to the nearest area Office of Health Systems Management, the address and telephone number of each area office patient care investigation unit are listed below. Reports should be made directly to these offices during the hours of 8:00 a.m. to 4:30 p.m., Monday through Friday. The after-hours, weekend and holiday contact number is (518) 445-9989. Collect calls are accepted at all numbers.

Albany Area Office
Building 7-A, State Campus
Albany, New York 12226
(518) 457-7390

New Rochelle Area Office
145 Huguenot Street - 6th Floor
New Rochelle, New York 10801
(914) 632-3716

Buffalo Area Office
584 Delaware Avenue
Buffalo, New York 14202
(716) 847-4324

New York City Area Office
116 West 32nd Street - 14th Floor
New York, New York 10001
(212) 502-087

Rochester Area Office
Bevier Building
42 South Washington Street
Rochester, New York 14608
(716) 262-2010

Hauppauge Office
(Nassau and Suffolk Counties Only)
300 Motor Parkway
Hauppauge, New York 11788
(516) 231-1880

Syracuse Area Office
677 South Salina Street
Syracuse, New York 13202

To obtain nursing home survey results and/or Consumer Information
Summaries contact:

New York State Department of Health
Office of Health Systems Management
The Bureau of Health Facility Coordination
Room 1821
Corning Tower Building
Empire State Plaza
Albany, New York 12237
(518) 474-8306

State Office on Aging

See Ombudsman Program.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE ALBANY CO NH

Street Address: ALBANY-SHAKER RD		City and State: ALBANY NY 12211	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 420	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 415	Medicare Residents: 23	Medicaid Residents: 359	
---	----------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing Residents requiring some or total assistance in bathing.	381	91.8	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	411	99.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	406	97.8	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	408	98.3	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	362	87.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	46	11.1	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	280	67.5	42.0	37.7
Completely bedfast residents.	22	5.3	1.9	3.4
Residents confined to chairs.	348	83.9	54.8	50.8
Residents requiring restraints.	155	37.3	47.2	41.3
Confused or disoriented residents.	296	71.3	62.7	58.4
Residents with bed sores.	35	8.4	6.6	7.1
Residents receiving special skin care.	323	77.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ANN LEE HOME

Street Address:		City and State:	
ALBANY SHAKER ROAD		ALBANY NY 12211	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	175	LOCAL GOVERNMENT	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
174	0	160

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	87.9	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	76	43.7	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	101	58.0	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	38.5	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	38.5	21.0	59.1
Residents on individually written bowel and bladder retraining program.	5	2.9	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	5.2	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	43	24.7	11.2	39.1
Residents requiring restraints.	7	4.0	3.0	31.7
Confused or disoriented residents.	109	62.6	37.3	55.8
Residents with bed sores.	2	1.1	0.4	4.7
Residents receiving special skin care.	6	3.4	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHILDS NH CO INC

Street Address: 25 HACKETT BLVD		City and State: ALBANY NY 12208	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 98	
---	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	82.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	95.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	90.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	95.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	72.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	50.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	71	59.2	54.8	50.8
Residents requiring restraints.	10	8.3	47.2	41.3
Confused or disoriented residents.	61	50.8	62.7	58.4
Residents with bed sores.	3	2.5	6.6	7.1
Residents receiving special skin care.	70	58.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DAUGHTERS OF SARAH NH CO INC

Street Address:		City and State:	
WASHINGTON AVE AND RAPP RD		ALBANY NY 12203	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	NON-PROFIT OTHER	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
196	5	173		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	194	99.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	189	96.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	176	89.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	196	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	167	85.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	130	66.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	159	81.1	54.8	50.8
Residents requiring restraints.	104	53.1	47.2	41.3
Confused or disoriented residents.	162	82.7	62.7	58.4
Residents with bed sores.	31	15.8	6.6	7.1
Residents receiving special skin care.	43	21.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDEN PARK NH

Street Address: 22 HOLLAND AVE		City and State: ALBANY NY 12209	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 210	Type of Ownership: PROPRIETARY	Survey Date: 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 209		Medicare Residents: 4		Medicaid Residents: 151	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		199	95.2	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		201	96.2	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		189	90.4	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		191	91.4	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		188	90.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		106	50.7	42.0	37.7
Completely bedfast residents.		1	0.5	1.9	3.4
Residents confined to chairs.		105	50.2	54.8	50.8
Residents requiring restraints.		128	61.2	47.2	41.3
Confused or disoriented residents.		145	69.4	62.7	58.4
Residents with bed sores.		15	7.2	6.6	7.1
Residents receiving special skin care.		77	36.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST MARGARETS NH

Street Address: 27 HACKETT BLVD		City and State: ALBANY NY 12208	
Participation: MEDICAID SNF	# of Beds: 58	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
57	0	55			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	57	100	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	57	100	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	57	100	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	57	100	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	56	98.2	42.0	37.7	
Completely bedfast residents.	0	0.0	1.9	3.4	
Residents confined to chairs.	57	100	54.8	50.8	
Residents requiring restraints.	57	100	47.2	41.3	
Confused or disoriented residents.	56	98.2	62.7	58.4	
Residents with bed sores.	0	0.0	6.6	7.1	
Residents receiving special skin care.	3	5.3	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TERESIAN HOUSE NH CO INC

Street Address:		City and State:	
WASHINGTON AVE EXTENSION		ALBANY NY 12203	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	300	NON-PROFIT RELIGIOUS	05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
287	5	172

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	251	87.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	197	68.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	172	59.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	169	58.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	190	66.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	7	2.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	15.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	63	22.0	54.8	50.8
Residents requiring restraints.	94	32.8	47.2	41.3
Confused or disoriented residents.	136	47.4	62.7	58.4
Residents with bed sores.	36	12.5	6.6	7.1
Residents receiving special skin care.	199	69.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNIVERSITY HEIGHTS NH

Street Address:		City and State:	
325 NORTHERN BLVD		ALBANY NY 12204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
192	0	103	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	169	88.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	188	97.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	182	94.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	182	94.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	144	75.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	100	52.1	42.0	37.7
Completely bedfast residents.	8	4.2	1.9	3.4
Residents confined to chairs.	96	50.0	54.8	50.8
Residents requiring restraints.	92	47.9	47.2	41.3
Confused or disoriented residents.	116	60.4	62.7	58.4
Residents with bed sores.	9	4.7	6.6	7.1
Residents receiving special skin care.	187	97.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLA MARY IMMACULATE

Street Address:		City and State:	
321 S MANNING BLVD		ALBANY NY 12208	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	160	NON-PROFIT RELIGIOUS	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
160	0	95		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	93.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	153	95.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	151	94.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	95.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	65.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	39.4	42.0	37.7
Completely bedfast residents.	2	1.2	1.9	3.4
Residents confined to chairs.	101	63.1	54.8	50.8
Residents requiring restraints.	139	86.9	47.2	41.3
Confused or disoriented residents.	132	82.5	62.7	58.4
Residents with bed sores.	9	5.6	6.6	7.1
Residents receiving special skin care.	44	27.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARNOLD GREGORY MEMORIAL HOSP-ECF

Street Address:		City and State:	
243 S MAIN ST		ALBION NY 14411	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	30	NON-PROFIT OTHER	06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
30		0		26	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		27	90.0	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		28	93.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		25	83.3	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		24	80.0	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		17	56.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		5	16.7	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		22	73.3	54.8	50.8
Residents requiring restraints.		13	43.3	47.2	41.3
Confused or disoriented residents.		25	83.3	62.7	58.4
Residents with bed sores.		0	0.0	6.6	7.1
Residents receiving special skin care.		10	33.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ORLEANS COUNTY NH

Street Address: ROUTE 31		City and State: ALBION NY 14411	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 132	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	Medicare Residents: 3	Medicaid Residents: 109	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	129	99.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	87.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	72.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	69.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	77.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	39.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	58	44.6	54.8	50.8
Residents requiring restraints.	51	39.2	47.2	41.3
Confused or disoriented residents.	85	65.4	62.7	58.4
Residents with bed sores.	6	4.6	6.6	7.1
Residents receiving special skin care.	102	78.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ERIE CO HOME INFIRMARY

Street Address: 11580 WALDEN AVE		City and State: ALDEN NY 14004	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 638	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 601	Medicare Residents: 16	Medicaid Residents: 582	
---	----------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	535	89.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	212	35.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	460	76.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	464	77.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	441	73.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	0.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	256	42.6	42.0	37.7
Completely bedfast residents.	12	2.0	1.9	3.4
Residents confined to chairs.	263	43.8	54.8	50.8
Residents requiring restraints.	370	61.6	47.2	41.3
Confused or disoriented residents.	413	68.7	62.7	58.4
Residents with bed sores.	63	10.5	6.6	7.1
Residents receiving special skin care.	352	58.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE E J NOBLE HOSP SNF

Street Address:		City and State:	
FULLER ST		ALEXANDRIA BAY NY 13607	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	22	NON-PROFIT PRIVATE	10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
22	3	15	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	86.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	86.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	18	81.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	81.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	77.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	50.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	18	81.8	54.8	50.8
Residents requiring restraints.	16	72.7	47.2	41.3
Confused or disoriented residents.	15	68.2	62.7	58.4
Residents with bed sores.	2	9.1	6.6	7.1
Residents receiving special skin care.	22	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALLEGANY NH

Street Address:		City and State:	
MAPLE AVE N 5TH ST		ALLEGANY NY 14706	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	37	PROPRIETARY	10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	75.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	78.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	75.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	45.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	11	29.7	54.8	50.8
Residents requiring restraints.	23	62.2	47.2	41.3
Confused or disoriented residents.	24	64.9	62.7	58.4
Residents with bed sores.	1	2.7	6.6	7.1
Residents receiving special skin care.	5	13.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEATHWOOD HEALTH CARE CENTER

Street Address:		City and State:	
815 HOPKINS RD		AMHERST NY 14221	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
154	7	69		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	88.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	86.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	70.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	76.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	63.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	30.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	54	35.1	54.8	50.8
Residents requiring restraints.	89	57.8	47.2	41.3
Confused or disoriented residents.	104	67.5	62.7	58.4
Residents with bed sores.	16	10.4	6.6	7.1
Residents receiving special skin care.	24	15.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROADLAWN MANOR NH

Street Address: 399 COUNTY LINE RD		City and State: AMITYVILLE NY 11701	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 320	Type of Ownership: PROPRIETARY	Survey Date: 11/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 318	Medicare Residents: 3	Medicaid Residents: 268	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	281	88.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	234	73.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	228	71.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	259	81.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	244	76.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	81	25.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	179	56.3	54.8	50.8
Residents requiring restraints.	175	55.0	47.2	41.3
Confused or disoriented residents.	179	56.3	62.7	58.4
Residents with bed sores.	9	2.8	6.6	7.1
Residents receiving special skin care.	121	38.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRUNSWICK NH

Street Address: 366 BROADWAY		City and State: AMITYVILLE NY 11701	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 94	Type of Ownership: PROPRIETARY	Survey Date: 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	Medicare Residents: 3	Medicaid Residents: 86	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	86.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	90.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	82.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	84.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	79.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	75	80.6	42.0	37.7
Completely bedfast residents.	1	1.1	1.9	3.4
Residents confined to chairs.	82	88.2	54.8	50.8
Residents requiring restraints.	54	58.1	47.2	41.3
Confused or disoriented residents.	80	86.0	62.7	58.4
Residents with bed sores.	16	17.2	6.6	7.1
Residents receiving special skin care.	26	28.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMSTERDAM MEMORIAL HOSPITAL RHCF

Street Address: UPPER MARKET STREET		City and State: AMSTERDAM NY 12010	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 150	Medicare Residents: 0	Medicaid Residents: 84
---	-------------------------------------	--------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	90.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	147	98.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	128	85.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	85.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	69.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	28.7	42.0	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	96	64.0	54.8	50.8
Residents requiring restraints.	65	43.3	47.2	41.3
Confused or disoriented residents.	93	62.0	62.7	58.4
Residents with bed sores.	11	7.3	6.6	7.1
Residents receiving special skin care.	60	40.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONTGOMERY CO INFIRMARY

Street Address:		City and State:	
SANDY DR		AMSTERDAM NY 12010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	LOCAL GOVERNMENT	07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
116	4	109	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	95.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	96.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	114	98.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	98.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	84.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	43.1	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	112	96.6	54.8	50.8
Residents requiring restraints.	94	81.0	47.2	41.3
Confused or disoriented residents.	51	44.0	62.7	58.4
Residents with bed sores.	1	0.9	6.6	7.1
Residents receiving special skin care.	66	56.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MT LORETTO CONV REST HOME

Street Address:		City and State:	
RD #3 SWART HILL RD		AMSTERDAM NY 12010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	82	NON-PROFIT RELIGIOUS	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
81		0		55	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		75	92.6	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		79	97.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		72	88.9	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	86.4	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		69	85.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		29	35.8	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		67	82.7	54.8	50.8
Residents requiring restraints.		56	69.1	47.2	41.3
Confused or disoriented residents.		50	61.7	62.7	58.4
Residents with bed sores.		3	3.7	6.6	7.1
Residents receiving special skin care.		12	14.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT VALLEY INFIRMARY

Street Address:		City and State:	
RT 40		ARGYLE NY 12809	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	LOCAL GOVERNMENT	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	0	109		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	82.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	84.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	72.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	70.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	19.3	42.0	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	73	61.3	54.8	50.8
Residents requiring restraints.	57	47.9	47.2	41.3
Confused or disoriented residents.	62	52.1	62.7	58.4
Residents with bed sores.	3	2.5	6.6	7.1
Residents receiving special skin care.	30	25.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAWRENCE NH

Street Address: 350 BEACH 54TH ST		City and State: ARVERNE NY 11692	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 200	Type of Ownership: PROPRIETARY	Survey Date: 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 193	Medicare Residents: 33	Medicaid Residents: 156		
---	----------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	187	96.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	183	94.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	165	85.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	81.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	145	75.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	1.6	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	103	53.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	167	86.5	54.8	50.8
Residents requiring restraints.	90	46.6	47.2	41.3
Confused or disoriented residents.	126	65.3	62.7	58.4
Residents with bed sores.	24	12.4	6.6	7.1
Residents receiving special skin care.	88	45.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RESORT HRF

Street Address: 64-11 BEACH CHANNEL DR		City and State: ARVERNE NY 11692	
Participation: MEDICAID ICF	# of Beds: 280	Type of Ownership: PROPRIETARY	Survey Date: 04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 275	Medicare Residents: 0	Medicaid Residents: 267	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	137	49.8	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	99	36.0	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	16.0	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	16.4	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	16.0	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	5.5	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	18	6.5	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	48	17.5	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	2	0.7	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LYDEN NH

Street Address: 27-37 27TH ST		City and State: ASTORIA NY 11102	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 114	Type of Ownership: PROPRIETARY	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	Medicare Residents: 5	Medicaid Residents: 89	
---	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	89.9	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	101	92.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	90	82.6	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	92.7	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	72.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	19	17.4	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	39.4	42.0	37.7
Completely bedfast residents.	5	4.6	1.9	3.4
Residents confined to chairs.	95	87.2	54.8	50.8
Residents requiring restraints.	65	59.6	47.2	41.3
Confused or disoriented residents.	78	71.6	62.7	58.4
Residents with bed sores.	13	11.9	6.6	7.1
Residents receiving special skin care.	22	20.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUBURN NH

Street Address:		City and State:	
85 THORNTON AVE		AUBURN NY 13021	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	92	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
89		0		42	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		86	96.6	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		86	96.6	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		84	94.4	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		86	96.6	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		74	83.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.		42	47.2	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		44	49.4	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		39	43.8	54.8	50.8
Residents requiring restraints.		41	46.1	47.2	41.3
Confused or disoriented residents.		69	77.5	62.7	58.4
Residents with bed sores.		5	5.6	6.6	7.1
Residents receiving special skin care.		7	7.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MERCY HEALTH & REHAB CTR NH CO INC

Street Address:		City and State:	
100 THORNTON AVE		AUBURN NY 13021	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	297	NON-PROFIT RELIGIOUS	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
294	3	247			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		224	76.2	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		249	84.7	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		220	74.8	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		225	76.5	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		208	70.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.		15	5.1	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		117	39.8	42.0	37.7
Completely bedfast residents.		30	10.2	1.9	3.4
Residents confined to chairs.		128	43.5	54.8	50.8
Residents requiring restraints.		106	36.1	47.2	41.3
Confused or disoriented residents.		173	58.8	62.7	58.4
Residents with bed sores.		20	6.8	6.6	7.1
Residents receiving special skin care.		222	75.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AVON NH

Street Address:		City and State:	
CLINTON STREET EXTENSION		AVON NY 14414	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
39	0	11			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		34	87.2	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		37	94.9	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		33	84.6	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		37	94.9	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		32	82.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		10	25.6	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		22	56.4	54.8	50.8
Residents requiring restraints.		20	51.3	47.2	41.3
Confused or disoriented residents.		25	64.1	62.7	58.4
Residents with bed sores.		1	2.6	6.6	7.1
Residents receiving special skin care.		5	12.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SARATOGA CO INFIRMARY

Street Address:		City and State:	
BALLSTON AVE		BALLSTON SPA NY 12020	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	277	LOCAL GOVERNMENT	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
275		9		258	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		236	85.8	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		238	86.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		205	74.5	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		171	62.2	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		200	72.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		84	30.5	42.0	37.7
Completely bedfast residents.		2	0.7	1.9	3.4
Residents confined to chairs.		120	43.6	54.8	50.8
Residents requiring restraints.		85	30.9	47.2	41.3
Confused or disoriented residents.		139	50.5	62.7	58.4
Residents with bed sores.		21	7.6	6.6	7.1
Residents receiving special skin care.		139	50.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SYRACUSE HOME ASSN

Street Address:		City and State:	
7740 MEIGS RD		BALOWINSVILLE NY 13027	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	80	NON-PROFIT OTHER	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	97.4	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	25	32.5	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	35.1	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	28.6	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	18.2	21.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	9.1	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	1.3	11.2	39.1
Residents requiring restraints.	1	1.3	3.0	31.7
Confused or disoriented residents.	25	32.5	37.3	55.8
Residents with bed sores.	1	1.3	0.4	4.7
Residents receiving special skin care.	1	1.3	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BATAVIA NH

Street Address:		City and State:	
257 STATE ST		BATAVIA NY 14020	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	62	PROPRIETARY	05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
61	1	29		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	73.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	82.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	80.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	83.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	62.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	32.8	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	16	26.2	54.8	50.8
Residents requiring restraints.	29	47.5	47.2	41.3
Confused or disoriented residents.	43	70.5	62.7	58.4
Residents with bed sores.	1	1.6	6.6	7.1
Residents receiving special skin care.	32	52.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GENESEE CO NH

Street Address: 278 BANK ST		City and State: BATAVIA NY 14020	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	Medicare Residents: 4	Medicaid Residents: 135
---	-------------------------------------	---------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing					
Residents requiring some or total assistance in bathing.	129	82.2	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	135	86.0	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	122	77.7	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	78.3	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	118	75.2	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	23	14.6	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	63	40.1	42.0	37.7	
Completely bedfast residents.	0	0.0	1.9	3.4	
Residents confined to chairs.	113	72.0	54.8	50.8	
Residents requiring restraints.	69	43.9	47.2	41.3	
Confused or disoriented residents.	77	49.0	62.7	58.4	
Residents with bed sores.	9	5.7	6.6	7.1	
Residents receiving special skin care.	53	33.8	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST LUKE MANOR

Street Address:		City and State:	
ST WIARD ST		BATAVIA NY 14020	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	20	NON-PROFIT OTHER	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
19	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	17	89.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	94.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	73.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	42.1	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	7	36.8	54.8	50.8
Residents requiring restraints.	4	21.1	47.2	41.3
Confused or disoriented residents.	11	57.9	62.7	58.4
Residents with bed sores.	1	5.3	6.6	7.1
Residents receiving special skin care.	4	21.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STEUBEN CO INFIRMARY

Street Address:		City and State:	
HAMMONDSPORT RD		BATH NY 14810	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	105	LOCAL GOVERNMENT	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
105	0	105	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	103	98.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	93.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	97.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	97.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	81.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	48.6	42.0	37.7
Completely bedfast residents.	7	6.7	1.9	3.4
Residents confined to chairs.	94	89.5	54.8	50.8
Residents requiring restraints.	93	88.6	47.2	41.3
Confused or disoriented residents.	70	66.7	62.7	58.4
Residents with bed sores.	15	14.3	6.6	7.1
Residents receiving special skin care.	86	81.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNRISE MANOR NH

Street Address: 1325 BRENTWOOD RD		City and State: BAY SHORE NY 11706	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 84	Type of Ownership: PROPRIETARY	Survey Date: 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
83	3	73			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	7	8.4	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	75	90.4	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	76	91.6	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	88.0	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	71	85.5	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	51	61.4	42.0	37.7	
Completely bedfast residents.	3	3.6	1.9	3.4	
Residents confined to chairs.	45	54.2	54.8	50.8	
Residents requiring restraints.	49	59.0	47.2	41.3	
Confused or disoriented residents.	62	74.7	62.7	58.4	
Residents with bed sores.	8	9.6	6.6	7.1	
Residents receiving special skin care.	36	43.4	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST MARYS HOSP FOR CHILDREN

Street Address: 29-10 216TH ST		City and State: BAYSIDE NY 11360	
Participation: MEDICAID SNF	# of Beds: 95	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	Medicare Residents: 0	Medicaid Residents: 94	
--	-------------------------------------	--------------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

75 78.9 86.3 81.5

Dressing

Residents requiring some or total assistance in dressing.

76 80.0 84.2 83.2

Toileting

Residents requiring some or total assistance in toileting.

63 66.3 75.9 73.8

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

67 70.5 78.2 77.2

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

59 62.1 70.4 68.2

Residents on individually written bowel and bladder retraining program.

2 2.1 2.5 4.6

Eating

Residents receiving tube feedings or requiring assistance with eating.

46 48.4 42.0 37.7

Completely bedfast residents.

1 1.1 1.9 3.4

Residents confined to chairs.

52 54.7 54.8 50.8

Residents requiring restraints.

53 55.8 47.2 41.3

Confused or disoriented residents.

0 0.0 62.7 58.4

Residents with bed sores.

1 1.1 6.6 7.1

Residents receiving special skin care.

37 38.9 38.6 31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FISHKILL HRF

Street Address:		City and State:	
DOGWOOD LANE		BEACON NY 12508	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	160	PROPRIETARY	05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
160	0	93		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	157	98.1	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	77	48.1	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	50	31.3	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	29.4	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	22.5	21.0	59.1
Residents on individually written bowel and bladder retraining program.	12	7.5	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	45.6	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	4	2.5	11.2	39.1
Residents requiring restraints.	1	0.6	3.0	31.7
Confused or disoriented residents.	83	51.9	37.3	55.8
Residents with bed sores.	2	1.2	0.4	4.7
Residents receiving special skin care.	12	7.5	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELIZABETH CHURCH MANOR NH

Street Address:		City and State:	
863 FRONT ST		BINGHAMTON NY 13905	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	105	NON-PROFIT RELIGIOUS	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
100	1	44			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	66	66.0	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	66	66.0	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	60	60.0	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	65.0	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	57	57.0	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	37	37.0	42.0	37.7	
Completely bedfast residents.	1	1.0	1.9	3.4	
Residents confined to chairs.	44	44.0	54.8	50.8	
Residents requiring restraints.	35	35.0	47.2	41.3	
Confused or disoriented residents.	60	60.0	62.7	58.4	
Residents with bed sores.	5	5.0	6.6	7.1	
Residents receiving special skin care.	6	6.0	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

GOOD SHEPHERD FAIRVIEW HOME INC

Street Address:		City and State:	
80 FAIRVIEW AVE		BINGHAMTON NY 13904	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	74	NON-PROFIT RELIGIOUS	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
72	0	30		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	75.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	73.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	40.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	83.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	55.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	50.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	6	8.3	54.8	50.8
Residents requiring restraints.	5	6.9	47.2	41.3
Confused or disoriented residents.	34	47.2	62.7	58.4
Residents with bed sores.	2	2.8	6.6	7.1
Residents receiving special skin care.	11	15.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVER MEDE MANOR NURS CTR

Street Address: 159-163 FRONT ST		City and State: BINGHAMTON NY 13905	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 356	Type of Ownership: PROPRIETARY	Survey Date: 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 348	Medicare Residents: 6	Medicaid Residents: 242
---	-------------------------------------	---------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	295	84.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	296	85.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	286	82.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	287	82.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	258	74.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	79	22.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	180	51.7	42.0	37.7
Completely bedfast residents.	10	2.9	1.9	3.4
Residents confined to chairs.	184	52.9	54.8	50.8
Residents requiring restraints.	194	55.7	47.2	41.3
Confused or disoriented residents.	214	61.5	62.7	58.4
Residents with bed sores.	19	5.5	6.6	7.1
Residents receiving special skin care.	100	28.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET NH INC

Street Address: ACADEMY ST		City and State: BOONVILLE NY 13309	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
119	0	75			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		103	86.6	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		114	95.8	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		105	88.2	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		107	89.9	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		96	80.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.		4	3.4	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		54	45.4	42.0	37.7
Completely bedfast residents.		3	2.5	1.9	3.4
Residents confined to chairs.		103	86.6	54.8	50.8
Residents requiring restraints.		30	25.2	47.2	41.3
Confused or disoriented residents.		62	52.1	62.7	58.4
Residents with bed sores.		4	3.4	6.6	7.1
Residents receiving special skin care.		35	29.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSS NH

Street Address:		City and State:	
839 SUFFOLK AVE		BRENTWOOD NY 11717	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	135	PROPRIETARY	02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
130	0	113	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	94.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	95.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	78.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	45.4	42.0	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	103	79.2	54.8	50.8
Residents requiring restraints.	89	68.5	47.2	41.3
Confused or disoriented residents.	102	78.5	62.7	58.4
Residents with bed sores.	4	3.1	6.6	7.1
Residents receiving special skin care.	130	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRANDYWINE NH

Street Address:		City and State:	
620 SLEEPY HOLLOW RD		BRIARCLIFF NY 10510	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	PROPRIETARY	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
115	1	59		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	97.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	97.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	98.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	98.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	94.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	88	76.5	42.0	37.7
Completely bedfast residents.	5	4.3	1.9	3.4
Residents confined to chairs.	107	93.0	54.8	50.8
Residents requiring restraints.	98	85.2	47.2	41.3
Confused or disoriented residents.	41	35.7	62.7	58.4
Residents with bed sores.	4	3.5	6.6	7.1
Residents receiving special skin care.	38	33.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CUPOLA NH

Street Address: 122 WEST AVE		City and State: BROCKPORT NY 14420	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 87	Type of Ownership: PROPRIETARY	Survey Date: 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 2	Medicaid Residents: 38	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	91.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	93.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	84.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	94.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	62.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	37.2	42.0	37.7
Completely bedfast residents.	2	2.3	1.9	3.4
Residents confined to chairs.	43	50.0	54.8	50.8
Residents requiring restraints.	47	54.7	47.2	41.3
Confused or disoriented residents.	49	57.0	62.7	58.4
Residents with bed sores.	5	5.8	6.6	7.1
Residents receiving special skin care.	17	19.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ASTOR GARDENS NH

Street Address:		City and State:	
2316 BRUNER AVE		BRONX NY 10469	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	175	PROPRIETARY	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
166	144	8	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	156	94.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	156	94.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	125	75.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	89.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	148	89.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	4	2.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	31.3	42.0	37.7
Completely bedfast residents.	21	12.7	1.9	3.4
Residents confined to chairs.	97	58.4	54.8	50.8
Residents requiring restraints.	86	51.8	47.2	41.3
Confused or disoriented residents.	141	84.9	62.7	58.4
Residents with bed sores.	10	6.0	6.6	7.1
Residents receiving special skin care.	61	36.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAINBRIDGE NH

Street Address:		City and State:	
3518 BAINBRIDGE AVE		BRONX NY 10467	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
191		3		164	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		190	99.5	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		185	96.9	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		171	89.5	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		162	84.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		173	90.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		125	65.4	42.0	37.7
Completely bedfast residents.		6	3.1	1.9	3.4
Residents confined to chairs.		73	38.2	54.8	50.8
Residents requiring restraints.		137	71.7	47.2	41.3
Confused or disoriented residents.		167	87.4	62.7	58.4
Residents with bed sores.		21	11.0	6.6	7.1
Residents receiving special skin care.		48	25.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAPTIST HOME FOR THE AGED

Street Address:		City and State:	
3260 HENRY HUDSON PKWY		BRONX NY 10463	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	84	NON-PROFIT RELIGIOUS	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
82	0	62			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	53	64.6	69.8	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	40	48.8	48.6	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	30	36.6	23.6	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	39.0	23.6	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	21	25.6	21.0	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	25	30.5	10.3	29.3	
Completely bedfast residents.	0	0.0	0.6	3.6	
Residents confined to chairs.	16	19.5	11.2	39.1	
Residents requiring restraints.	14	17.1	3.0	31.7	
Confused or disoriented residents.	40	48.8	37.3	55.8	
Residents with bed sores.	0	0.0	0.4	4.7	
Residents receiving special skin care.	25	30.5	11.5	24.0	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETH ABRAHAM HOSP

Street Address:		City and State:	
612 ALLERTON AVE		BRONX NY 10467	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	504	NON-PROFIT OTHER	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
499	10	472			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	486	97.4	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	471	94.4	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	464	93.0	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	464	93.0	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	456	91.4	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	1	0.2	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	362	72.5	42.0	37.7	
Completely bedfast residents.	0	0.0	1.9	3.4	
Residents confined to chairs.	451	90.4	54.8	50.8	
Residents requiring restraints.	319	63.9	47.2	41.3	
Confused or disoriented residents.	346	69.3	62.7	58.4	
Residents with bed sores.	89	17.8	6.6	7.1	
Residents receiving special skin care.	116	23.2	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRUCKNER NH

Street Address:		City and State:	
1010 UNDERHILL AVE		BRONX NY 10472	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
193	7	175		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	185	95.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	181	93.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	171	88.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	83.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	159	82.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	103	53.4	42.0	37.7
Completely bedfast residents.	6	3.1	1.9	3.4
Residents confined to chairs.	152	78.8	54.8	50.8
Residents requiring restraints.	127	65.8	47.2	41.3
Confused or disoriented residents.	153	79.3	62.7	58.4
Residents with bed sores.	16	8.3	6.6	7.1
Residents receiving special skin care.	137	71.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONCOURSE NH

Street Address:		City and State:	
1072 GRAND CONCOURSE		BRONX NY 10450	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	240	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
239		2		230	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		222	92.9	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		214	89.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		179	74.9	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		186	77.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		165	69.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		6	2.5	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		83	34.7	42.0	37.7
Completely bedfast residents.		2	0.8	1.9	3.4
Residents confined to chairs.		143	59.8	54.8	50.8
Residents requiring restraints.		83	34.7	47.2	41.3
Confused or disoriented residents.		164	68.6	62.7	58.4
Residents with bed sores.		27	11.3	6.6	7.1
Residents receiving special skin care.		137	57.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DAUGHTERS OF JACOB NH

Street Address:		City and State:	
1160 TELLER AVE		BRONX NY 10456	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	515	NON-PROFIT OTHER	11/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
490	3	445		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	443	90.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	424	86.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	367	74.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	342	69.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	348	71.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	214	43.7	42.0	37.7
Completely bedfast residents.	2	0.4	1.9	3.4
Residents confined to chairs.	83	16.9	54.8	50.8
Residents requiring restraints.	100	20.4	47.2	41.3
Confused or disoriented residents.	118	24.1	62.7	58.4
Residents with bed sores.	30	6.1	6.6	7.1
Residents receiving special skin care.	99	20.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EAST HAVEN HRF

Street Address:		City and State:	
2323 EASTCHESTER ROAD		BRONX NY 10469	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	200	PROPRIETARY	05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
193	0	170		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	71.5	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	133	68.9	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	52	26.9	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	40.4	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	17.6	21.0	59.1
Residents on individually written bowel and bladder retraining program.	12	6.2	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	33.7	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	45	23.3	11.2	39.1
Residents requiring restraints.	3	1.6	3.0	31.7
Confused or disoriented residents.	175	90.7	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	43	22.3	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EASTCHESTER PARK NH

Street Address:		City and State:	
2700 EASTCHESTER RD		BRONX NY 10466	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
192	4	137		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	158	82.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	169	88.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	122	63.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	71.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	9.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	37.5	42.0	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	133	69.3	54.8	50.8
Residents requiring restraints.	93	48.4	47.2	41.3
Confused or disoriented residents.	136	70.8	62.7	58.4
Residents with bed sores.	9	4.7	6.6	7.1
Residents receiving special skin care.	68	35.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FIELDSTON LODGE NH

Street Address: 666 KAPPOCK ST		City and State: BRONX NY 10463	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 200	Type of Ownership: PROPRIETARY	Survey Date: 04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 192	Medicare Residents: 7	Medicaid Residents: 168
---	-------------------------------------	---------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

189 98.4 86.3 81.5

Dressing

Residents requiring some or total assistance in dressing.

137 71.4 84.2 83.2

Toileting

Residents requiring some or total assistance in toileting.

174 90.6 75.9 73.8

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

153 79.7 78.2 77.2

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

149 77.6 70.4 68.2

Residents on individually written bowel and bladder retraining program.

7 3.6 2.5 4.6

Eating

Residents receiving tube feedings or requiring assistance with eating.

104 54.2 42.0 37.7

Completely bedfast residents.

6 3.1 1.9 3.4

Residents confined to chairs.

126 65.6 54.8 50.8

Residents requiring restraints.

132 68.8 47.2 41.3

Confused or disoriented residents.

70 36.5 62.7 58.4

Residents with bed sores.

28 14.6 6.6 7.1

Residents receiving special skin care.

134 69.8 38.6 31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRANCES SCHERVIER NH

Street Address:		City and State:	
2975 INDEPENDENCE AVE		BRONX NY 10463	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	364	NON-PROFIT RELIGIOUS	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
361	8	298		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	290	80.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	306	84.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	272	75.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	292	80.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	258	71.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	137	38.0	42.0	37.7
Completely bedfast residents.	13	3.6	1.9	3.4
Residents confined to chairs.	217	60.1	54.8	50.8
Residents requiring restraints.	163	45.2	47.2	41.3
Confused or disoriented residents.	226	62.6	62.7	58.4
Residents with bed sores.	22	6.1	6.6	7.1
Residents receiving special skin care.	58	16.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAND MANOR HRF

Street Address:		City and State:	
700 WHITE PLAINS RD		BRONX NY 10473	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	240	PROPRIETARY	12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
232	0	230

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	189	81.5	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	150	64.7	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	10.8	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	4.7	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	10.3	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	9.9	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	17	7.3	11.2	39.1
Residents requiring restraints.	3	1.3	3.0	31.7
Confused or disoriented residents.	62	26.7	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	20	8.6	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEBREW HOME FOR THE AGED - FAIRFIELD

Street Address:		City and State:	
3220 HENRY HUDSON PARKWAY		BRONX NY 10463	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	167	NON-PROFIT OTHER	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
163	4	144	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	163	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	144	88.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	126	77.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	72.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	67.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	33.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	120	73.6	54.8	50.8
Residents requiring restraints.	102	62.6	47.2	41.3
Confused or disoriented residents.	106	65.0	62.7	58.4
Residents with bed sores.	7	4.3	6.6	7.1
Residents receiving special skin care.	80	49.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEBREW HOME FOR THE AGED AT RIVERDALE

Street Address: 5901 PALISADE AVE BX N Y		City and State: BRONX NY 10471	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 436	Type of Ownership: PROPRIETARY	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 415	Medicare Residents: 6	Medicaid Residents: 384			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		415	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		232	55.9	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		204	49.2	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		205	49.4	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		212	51.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.		78	18.8	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		162	39.0	42.0	37.7
Completely bedfast residents.		13	3.1	1.9	3.4
Residents confined to chairs.		132	31.8	54.8	50.8
Residents requiring restraints.		138	33.3	47.2	41.3
Confused or disoriented residents.		204	49.2	62.7	58.4
Residents with bed sores.		22	5.3	6.6	7.1
Residents receiving special skin care.		141	34.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEBREW HOSP FOR CHRONIC SICK

Street Address:		City and State:	
2200 GIVAN AVENUE		BRONX NY 10475	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	480	NON-PROFIT OTHER	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
465	10	447

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	461	99.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	382	82.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	354	76.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	451	97.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	345	74.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	217	46.7	42.0	37.7
Completely bedfast residents.	6	1.3	1.9	3.4
Residents confined to chairs.	292	62.8	54.8	50.8
Residents requiring restraints.	255	54.8	47.2	41.3
Confused or disoriented residents.	334	71.8	62.7	58.4
Residents with bed sores.	38	8.2	6.6	7.1
Residents receiving special skin care.	110	23.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEANNE JUGAN RESIDENCE

Street Address:		City and State:	
3200 BAYCHESTER AVE		BRONX NY 10475	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	170	NON-PROFIT RELIGIOUS	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
138	2	128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

88 63.8 86.3 81.5

Dressing

Residents requiring some or total assistance in dressing.

72 52.2 84.2 83.2

Toileting

Residents requiring some or total assistance in toileting.

51 37.0 75.9 73.8

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

108 78.3 78.2 77.2

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

46 33.3 70.4 68.2

Residents on individually written bowel and bladder retraining program.

0 0.0 2.5 4.6

Eating

Residents receiving tube feedings or requiring assistance with eating.

16 11.6 42.0 37.7

Completely bedfast residents.

1 0.7 1.9 3.4

Residents confined to chairs.

41 29.7 54.8 50.8

Residents requiring restraints.

36 26.1 47.2 41.3

Confused or disoriented residents.

45 32.6 62.7 58.4

Residents with bed sores.

4 2.9 6.6 7.1

Residents receiving special skin care.

10 7.2 38.6 31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KINGS HARBOR CARE CENTER

Street Address:		City and State:	
2000 E GUN HILL RD		BRONX NY 10469	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	720	NON-PROFIT OTHER	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
690	671	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	614	89.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	526	76.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	388	56.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	325	47.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	343	49.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	17	2.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	179	25.9	42.0	37.7
Completely bedfast residents.	5	0.7	1.9	3.4
Residents confined to chairs.	235	34.1	54.8	50.8
Residents requiring restraints.	250	36.2	47.2	41.3
Confused or disoriented residents.	448	64.9	62.7	58.4
Residents with bed sores.	48	7.0	6.6	7.1
Residents receiving special skin care.	114	16.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KINGS TERRACE NH

Street Address:		City and State:	
2678 KINGSBRIDGE TERRACE		BRONX NY 10463	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
236	0	233	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	232	98.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	204	86.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	125	53.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	52.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	40.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	119	50.4	42.0	37.7
Completely bedfast residents.	6	2.5	1.9	3.4
Residents confined to chairs.	79	33.5	54.8	50.8
Residents requiring restraints.	43	18.2	47.2	41.3
Confused or disoriented residents.	151	64.0	62.7	58.4
Residents with bed sores.	7	3.0	6.6	7.1
Residents receiving special skin care.	32	13.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KINGSBRIDGE HEIGHTS MANOR

Street Address:		City and State:	
3426 CANNON PLACE		BRONX NY 10463	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	07/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
194	0	151	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	60.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	46.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	37.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	32.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	40.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	10.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	60	30.9	54.8	50.8
Residents requiring restraints.	37	19.1	47.2	41.3
Confused or disoriented residents.	89	45.9	62.7	58.4
Residents with bed sores.	4	2.1	6.6	7.1
Residents receiving special skin care.	46	23.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KINGSBRIDGE HEIGHTS NH ANNEX

Street Address:		City and State:	
3400 CANNON PLACE		BRONX NY 10463	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	07/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
197	11	151	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	197	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	183	92.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	180	91.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	86.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	167	84.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	97	49.2	42.0	37.7
Completely bedfast residents.	4	2.0	1.9	3.4
Residents confined to chairs.	141	71.6	54.8	50.8
Residents requiring restraints.	119	60.4	47.2	41.3
Confused or disoriented residents.	147	74.6	62.7	58.4
Residents with bed sores.	12	6.1	6.6	7.1
Residents receiving special skin care.	0	0.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LACONIA NH

Street Address:		City and State:	
1050 E 230 ST		BRONX NY 10466	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	240	PROPRIETARY	05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
228	3	224			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		220	96.5	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		212	93.0	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		190	83.3	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		192	84.2	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		180	78.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.		2	0.9	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		108	47.4	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		177	77.6	54.8	50.8
Residents requiring restraints.		139	61.0	47.2	41.3
Confused or disoriented residents.		182	79.8	62.7	58.4
Residents with bed sores.		19	8.3	6.6	7.1
Residents receiving special skin care.		31	13.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LOEB CNTR/MONTEFIORE HOSP.

Street Address:		City and State:	
111 E 210TH ST		BRONX NY 10467	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	NON-PROFIT OTHER	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
69	53	8	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	58.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	78.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	69.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	73.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	40.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	5	7.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	23.2	42.0	37.7
Completely bedfast residents.	2	2.9	1.9	3.4
Residents confined to chairs.	46	66.7	54.8	50.8
Residents requiring restraints.	11	15.9	47.2	41.3
Confused or disoriented residents.	16	23.2	62.7	58.4
Residents with bed sores.	7	10.1	6.6	7.1
Residents receiving special skin care.	18	26.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE METHODIST CHURCH HOME FOR AGED

Street Address:		City and State:	
4499 MANHATTAN COLLEGE PKWY		BRONX NY 10471	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	113	NON-PROFIT RELIGIOUS	12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
111	0	100		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	97.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	73.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	68.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	62.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	65.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	27.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	51	45.9	54.8	50.8
Residents requiring restraints.	48	43.2	47.2	41.3
Confused or disoriented residents.	76	68.5	62.7	58.4
Residents with bed sores.	4	3.6	6.6	7.1
Residents receiving special skin care.	16	14.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MORNINGSIDE HOUSE NH CO

Street Address:		City and State:	
1000 PELHAM PKWAY SO		BRONX NY 10461	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	386	NON-PROFIT OTHER	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
370	8	357		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	314	84.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	276	74.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	258	69.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	208	56.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	266	71.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	13	3.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	224	60.5	42.0	37.7
Completely bedfast residents.	146	39.5	1.9	3.4
Residents confined to chairs.	164	44.3	54.8	50.8
Residents requiring restraints.	85	23.0	47.2	41.3
Confused or disoriented residents.	246	66.5	62.7	58.4
Residents with bed sores.	22	5.9	6.6	7.1
Residents receiving special skin care.	210	56.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MORRIS PARK NH

Street Address:		City and State:	
1235 PELHAM PARKWAY NO		BRONX NY 10469	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	191	PROPRIETARY	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
180		0		165	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		142	78.9	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		173	96.1	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		162	90.0	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		164	91.1	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		164	91.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		92	51.1	42.0	37.7
Completely bedfast residents.		4	2.2	1.9	3.4
Residents confined to chairs.		158	87.8	54.8	50.8
Residents requiring restraints.		130	72.2	47.2	41.3
Confused or disoriented residents.		138	76.7	62.7	58.4
Residents with bed sores.		20	11.1	6.6	7.1
Residents receiving special skin care.		117	65.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOSHOLU PKWY NH

Street Address: 3356 PERRY AVE		City and State: BRONX NY 10467	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 125	Type of Ownership: PROPRIETARY	Survey Date: 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 10	Medicaid Residents: 102
---	----------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	85.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	94.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	75.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	83.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	63.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	46.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	83	73.5	54.8	50.8
Residents requiring restraints.	66	58.4	47.2	41.3
Confused or disoriented residents.	89	78.8	62.7	58.4
Residents with bed sores.	6	5.3	6.6	7.1
Residents receiving special skin care.	9	8.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALISADES NH

Street Address:		City and State:	
5901 PALISADES AVE		BRONX NY 10471	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	348	NON-PROFIT OTHER	07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
343	7	316		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	343	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	249	72.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	191	55.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	188	54.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	220	64.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	104	30.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	114	33.2	42.0	37.7
Completely bedfast residents.	6	1.7	1.9	3.4
Residents confined to chairs.	120	35.0	54.8	50.8
Residents requiring restraints.	72	21.0	47.2	41.3
Confused or disoriented residents.	179	52.2	62.7	58.4
Residents with bed sores.	15	4.4	6.6	7.1
Residents receiving special skin care.	101	29.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKVIEW NH

Street Address: 6585 BROADWAY		City and State: BRONX NY 10471	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 200	Type of Ownership: PROPRIETARY	Survey Date: 05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 192	Medicare Residents: 6	Medicaid Residents: 178	
---	-------------------------------------	---------------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	155	80.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	181	94.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	154	80.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	81.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	138	71.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	117	60.9	42.0	37.7
Completely bedfast residents.	51	26.6	1.9	3.4
Residents confined to chairs.	115	59.9	54.8	50.8
Residents requiring restraints.	136	70.8	47.2	41.3
Confused or disoriented residents.	139	72.4	62.7	58.4
Residents with bed sores.	10	5.2	6.6	7.1
Residents receiving special skin care.	93	48.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PELHAM PARKWAY NH

Street Address:		City and State:	
2401 LACONIA AVE		BRONX NY 10469	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
190	4	183			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		187	98.4	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		152	80.0	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		145	76.3	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		149	78.4	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		136	71.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		67	35.3	42.0	37.7
Completely bedfast residents.		1	0.5	1.9	3.4
Residents confined to chairs.		13	6.8	54.8	50.8
Residents requiring restraints.		0	0.0	47.2	41.3
Confused or disoriented residents.		0	0.0	62.7	58.4
Residents with bed sores.		0	0.0	6.6	7.1
Residents receiving special skin care.		0	0.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVIDENCE REST HOME

Street Address:		City and State:	
3304 WATERBURY AVE		BRONX NY 10465	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	NON-PROFIT PRIVATE	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
187	4	160

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	187	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	143	76.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	137	73.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	65.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	136	72.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	122	65.2	42.0	37.7
Completely bedfast residents.	8	4.3	1.9	3.4
Residents confined to chairs.	97	51.9	54.8	50.8
Residents requiring restraints.	80	42.8	47.2	41.3
Confused or disoriented residents.	118	63.1	62.7	58.4
Residents with bed sores.	11	5.9	6.6	7.1
Residents receiving special skin care.	119	63.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERDALE NH

Street Address:		City and State:	
641 W 230TH ST		BRONX NY 10463	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	146	PROPRIETARY	12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
146	2	131	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	89.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	140	95.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	119	81.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	79.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	119	81.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.1	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	39.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	77	52.7	54.8	50.8
Residents requiring restraints.	89	61.0	47.2	41.3
Confused or disoriented residents.	113	77.4	62.7	58.4
Residents with bed sores.	11	7.5	6.6	7.1
Residents receiving special skin care.	8	5.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	4	0.7	1123	11.9
MET	47	8.3	2045	21.6
MET	26	4.6	1662	17.6
MET	19	3.4	2739	29.0
MET	9	1.6	1389	14.7
MET	6	1.1	587	6.2
MET	11	1.9	816	8.6
MET	13	2.3	1099	11.6
MET	118	20.8	1270	13.4
MET	5	0.9	1216	12.9
MET	23	4.1	1041	11.0
MET	33	5.8	1413	14.9
MET	16	2.8	1408	14.9
MET	20	3.5	2340	24.7
MET	2	0.4	700	7.4
MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROFAY NH

Street Address: 946 E 211TH ST		City and State: BRONX NY 10467	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115		Medicare Residents: 4		Medicaid Residents: 111			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				115	100	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				113	98.3	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				94	81.7	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				90	78.3	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				104	90.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				49	42.6	42.0	37.7
Completely bedfast residents.				1	0.9	1.9	3.4
Residents confined to chairs.				56	48.7	54.8	50.8
Residents requiring restraints.				81	70.4	47.2	41.3
Confused or disoriented residents.				79	68.7	62.7	58.4
Residents with bed sores.				8	7.0	6.6	7.1
Residents receiving special skin care.				104	90.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPLIT ROCK NH

Street Address:		City and State:	
3525 BAYCHESTER AVE		BRONX NY 10466	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	240	PROPRIETARY	04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
226	2	170			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		216	95.6	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		188	83.2	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		152	67.3	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		142	62.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		131	58.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		71	31.4	42.0	37.7
Completely bedfast residents.		7	3.1	1.9	3.4
Residents confined to chairs.		127	56.2	54.8	50.8
Residents requiring restraints.		74	32.7	47.2	41.3
Confused or disoriented residents.		143	63.3	62.7	58.4
Residents with bed sores.		7	3.1	6.6	7.1
Residents receiving special skin care.		37	16.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST PATRICKS HOME FOR AGED AND INFIRM

Street Address:		City and State:	
66 VAN CORTLAND PARK SOUTH		BRONX NY 10463	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	225	NON-PROFIT RELIGIOUS	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
222	5	174

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	201	90.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	204	91.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	145	65.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	69.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	148	66.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	23	10.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	97	43.7	42.0	37.7
Completely bedfast residents.	5	2.3	1.9	3.4
Residents confined to chairs.	117	52.7	54.8	50.8
Residents requiring restraints.	100	45.0	47.2	41.3
Confused or disoriented residents.	123	55.4	62.7	58.4
Residents with bed sores.	17	7.7	6.6	7.1
Residents receiving special skin care.	55	24.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

UNITED ODD FELLOWS REBEKAH HOME

Street Address:		City and State:	
1072 HAVEMEYER AVE		BRONX NY 10462	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	213	NON-PROFIT OTHER	09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
211	0	201

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	196	92.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	197	93.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	118	55.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	193	91.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	112	53.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	99	46.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	45	21.3	54.8	50.8
Residents requiring restraints.	40	19.0	47.2	41.3
Confused or disoriented residents.	77	36.5	62.7	58.4
Residents with bed sores.	11	5.2	6.6	7.1
Residents receiving special skin care.	11	5.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNIVERSITY NH

Street Address:		City and State:	
2505 GRAND AVE		BRONX NY 10463	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	46	PROPRIETARY	05/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
43	0	43	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	43	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	95.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	95.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	95.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	20.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	18	41.9	54.8	50.8
Residents requiring restraints.	21	48.8	47.2	41.3
Confused or disoriented residents.	43	100	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	0	0.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE W K NURSING HOME

Street Address:		City and State:	
2545 UNIVERSITY AVE		BRONX NY 10468	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	812	NON-PROFIT OTHER	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
801	0	770	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	761	95.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	699	87.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	666	83.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	670	83.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	404	50.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	20	2.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	671	83.8	42.0	37.7
Completely bedfast residents.	10	1.2	1.9	3.4
Residents confined to chairs.	163	20.3	54.8	50.8
Residents requiring restraints.	308	38.5	47.2	41.3
Confused or disoriented residents.	521	65.0	62.7	58.4
Residents with bed sores.	30	3.7	6.6	7.1
Residents receiving special skin care.	347	43.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WAYNE HRF

Street Address:		City and State:	
3534 WAYNE AVE		BRONX NY 10467	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
234	1	231		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	178	76.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	169	72.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	122	52.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	210	89.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	50.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	34.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	8	3.4	54.8	50.8
Residents requiring restraints.	74	31.6	47.2	41.3
Confused or disoriented residents.	158	67.5	62.7	58.4
Residents with bed sores.	6	2.6	6.6	7.1
Residents receiving special skin care.	76	32.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITE PLAINS NY

Street Address:		City and State:	
3845 CARPENTER AVE		BRONX NY 10467	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	240	PROPRIETARY	08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
226	2	222	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	224	99.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	203	89.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	174	77.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	169	74.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	166	73.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	110	48.7	42.0	37.7
Completely bedfast residents.	2	0.9	1.9	3.4
Residents confined to chairs.	38	16.8	54.8	50.8
Residents requiring restraints.	85	37.6	47.2	41.3
Confused or disoriented residents.	199	88.1	62.7	58.4
Residents with bed sores.	14	6.2	6.6	7.1
Residents receiving special skin care.	40	17.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLIAMSBRIDGE MANOR NH

Street Address:		City and State:	
1540 TOMILSON AVE		BRONX NY 10461	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	77	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
71	0	68		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	90.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	84.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	73.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	57.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	67.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	29.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	35	49.3	54.8	50.8
Residents requiring restraints.	35	49.3	47.2	41.3
Confused or disoriented residents.	54	76.1	62.7	58.4
Residents with bed sores.	1	1.4	6.6	7.1
Residents receiving special skin care.	8	11.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WORKMENS CIRCLE HOME INFIRMARY

Street Address:		City and State:	
3155 GRACE AVENUE		BRONX NY 10469	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	498	NON-PROFIT OTHER	08/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
438	4	409

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	400	91.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	317	72.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	267	61.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	223	50.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	202	46.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	168	38.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	173	39.5	54.8	50.8
Residents requiring restraints.	98	22.4	47.2	41.3
Confused or disoriented residents.	215	49.1	62.7	58.4
Residents with bed sores.	18	4.1	6.6	7.1
Residents receiving special skin care.	221	50.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AISHEL AVRAHAM RHCf

Street Address: 40 HEYWARD ST		City and State: BROOKLYN NY 11211	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 200	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 196	Medicare Residents: 8	Medicaid Residents: 173	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	190	96.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	142	72.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	139	70.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	69.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	131	66.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	6	3.1	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	36.7	42.0	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	127	64.8	54.8	50.8
Residents requiring restraints.	101	51.5	47.2	41.3
Confused or disoriented residents.	144	73.5	62.7	58.4
Residents with bed sores.	15	7.7	6.6	7.1
Residents receiving special skin care.	65	33.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

AUGUSTANA LUTHERAN HOME FOR AGED

Street Address:		City and State:	
1680 60 ST		BROOKLYN NY 11204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	NON-PROFIT RELIGIOUS	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
89	0	78	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	23.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	60.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	51.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	51.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	53.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	22.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	20	22.5	54.8	50.8
Residents requiring restraints.	15	16.9	47.2	41.3
Confused or disoriented residents.	34	38.2	62.7	58.4
Residents with bed sores.	3	3.4	6.6	7.1
Residents receiving special skin care.	26	29.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAPTIST MEDICAL CENTER OF NY

Street Address:		City and State:	
2749 LINDEN BLVD		BROOKLYN NY 11208	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	140	NON-PROFIT RELIGIOUS	08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
134	11	119	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	87.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	117	87.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	104	77.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	76.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	70.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	59.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	86	64.2	54.8	50.8
Residents requiring restraints.	29	21.6	47.2	41.3
Confused or disoriented residents.	98	73.1	62.7	58.4
Residents with bed sores.	15	11.2	6.6	7.1
Residents receiving special skin care.	134	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROOKLYN UNITED METHODIST CHURCH HOME

Street Address:		City and State:	
1485 DUMONT AVE		BROOKLYN NY 11208	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	NON-PROFIT RELIGIOUS	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	4	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	94.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	90.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	89.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	91.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	78.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	30.7	42.0	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	92	80.7	54.8	50.8
Residents requiring restraints.	40	35.1	47.2	41.3
Confused or disoriented residents.	93	81.6	62.7	58.4
Residents with bed sores.	10	8.8	6.6	7.1
Residents receiving special skin care.	114	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CABS NH

Street Address: 270 NOSTRAND AVE		City and State: BROOKLYN NY 11205	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 157	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	Medicare Residents: 0	Medicaid Residents: 157
---	-------------------------------------	---------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	99	63.1	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	149	94.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	98	62.4	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	60.5	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	61.8	70.4	68.2
 Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	77	49.0	42.0	37.7
 Completely bedfast residents.	6	3.8	1.9	3.4
 Residents confined to chairs.	70	44.6	54.8	50.8
 Residents requiring restraints.	51	32.5	47.2	41.3
 Confused or disoriented residents.	80	51.0	62.7	58.4
 Residents with bed sores.	3	1.9	6.6	7.1
 Residents receiving special skin care.	66	42.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARLTON NH

Street Address: 405 CARLTON AVE		City and State: BROOKLYN NY 11238	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 148	Type of Ownership: PROPRIETARY	Survey Date: 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	Medicare Residents: 0	Medicaid Residents: 139	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	141	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	132	93.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	112	79.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	74.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	72.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	81	57.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	98	69.5	54.8	50.8
Residents requiring restraints.	88	62.4	47.2	41.3
Confused or disoriented residents.	125	88.7	62.7	58.4
Residents with bed sores.	13	9.2	6.6	7.1
Residents receiving special skin care.	72	51.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CATON PARK NH

Street Address: 1400 CATON AVE		City and State: BROOKLYN NY 11226	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 119	Type of Ownership: PROPRIETARY	Survey Date: 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	Medicare Residents: 114	Medicaid Residents: 0
---	---------------------------------------	-------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	99.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	93.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	93.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	89.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	85.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	54.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	101	88.6	54.8	50.8
Residents requiring restraints.	84	73.7	47.2	41.3
Confused or disoriented residents.	102	89.5	62.7	58.4
Residents with bed sores.	5	4.4	6.6	7.1
Residents receiving special skin care.	80	70.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COBBLE HILL NH INC

Street Address:		City and State:	
380 HENRY ST		BROOKLYN NY 11201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	520	NON-PROFIT OTHER	01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
491	10	453		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	449	91.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	445	90.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	427	87.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	437	89.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	361	73.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	272	55.4	42.0	37.7
Completely bedfast residents.	13	2.6	1.9	3.4
Residents confined to chairs.	435	88.6	54.8	50.8
Residents requiring restraints.	214	43.6	47.2	41.3
Confused or disoriented residents.	339	69.0	62.7	58.4
Residents with bed sores.	53	10.8	6.6	7.1
Residents receiving special skin care.	40	8.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONCORD NH

Street Address:		City and State:	
300 MADISON ST		BROOKLYN NY 11216	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	123	NON-PROFIT RELIGIOUS	12/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
122	4	116			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	108	88.5	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	108	88.5	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	95	77.9	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	79.5	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	75	61.5	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	98	80.3	42.0	37.7	
Completely bedfast residents.	0	0.0	1.9	3.4	
Residents confined to chairs.	59	48.4	54.8	50.8	
Residents requiring restraints.	47	38.5	47.2	41.3	
Confused or disoriented residents.	76	62.3	62.7	58.4	
Residents with bed sores.	7	5.7	6.6	7.1	
Residents receiving special skin care.	23	18.9	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CROWN NH

Street Address: 3457 NOSTRAND AVE		City and State: BROOKLYN NY 11229	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 189	Type of Ownership: PROPRIETARY	Survey Date: 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 180		Medicare Residents: 2		Medicaid Residents: 141	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		175	97.2	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		163	90.6	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		150	83.3	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		163	90.6	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		136	75.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		108	60.0	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		87	48.3	54.8	50.8
Residents requiring restraints.		61	33.9	47.2	41.3
Confused or disoriented residents.		152	84.4	62.7	58.4
Residents with bed sores.		7	3.9	6.6	7.1
Residents receiving special skin care.		145	80.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DOVER NH

Street Address:		City and State:	
1919 CORTELYOU RD		BROOKLYN NY 11226	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	41	PROPRIETARY	04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
39	0	34	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	39	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	87.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	89.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	79.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	82.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	69.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	13	33.3	54.8	50.8
Residents requiring restraints.	13	33.3	47.2	41.3
Confused or disoriented residents.	27	69.2	62.7	58.4
Residents with bed sores.	4	10.3	6.6	7.1
Residents receiving special skin care.	4	10.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLATBUSH MANOR CARE CENTER

Street Address:		City and State:	
2107 DITMAS AVE		BROOKLYN NY 11226	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
191		1		181	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		183	95.8	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		144	75.4	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		130	68.1	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		132	69.1	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		120	62.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.		11	5.8	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		45	23.6	42.0	37.7
Completely bedfast residents.		1	0.5	1.9	3.4
Residents confined to chairs.		119	62.3	54.8	50.8
Residents requiring restraints.		88	46.1	47.2	41.3
Confused or disoriented residents.		127	66.5	62.7	58.4
Residents with bed sores.		5	2.6	6.6	7.1
Residents receiving special skin care.		115	60.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

GREENPARK CARE CENTER WILLOUGHBY

Street Address:		City and State:	
140 ST EDWARDS ST		BROOKLYN NY 11201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	400	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
375	0	370

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	278	74.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	273	72.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	200	53.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	213	56.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	201	53.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	96	25.6	42.0	37.7
Completely bedfast residents.	2	0.5	1.9	3.4
Residents confined to chairs.	112	29.9	54.8	50.8
Residents requiring restraints.	122	32.5	47.2	41.3
Confused or disoriented residents.	244	65.1	62.7	58.4
Residents with bed sores.	9	2.4	6.6	7.1
Residents receiving special skin care.	78	20.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAYM SALOMON HOME FOR THE AGED

Street Address:		City and State:	
2300 CROPSEY AVE		BROOKLYN NY 11214	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	220	NON-PROFIT OTHER	06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
160	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	160	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	154	96.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	149	93.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	91.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	65.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	45.0	42.0	37.7
Completely bedfast residents.	8	5.0	1.9	3.4
Residents confined to chairs.	116	72.5	54.8	50.8
Residents requiring restraints.	75	46.9	47.2	41.3
Confused or disoriented residents.	152	95.0	62.7	58.4
Residents with bed sores.	14	8.7	6.6	7.1
Residents receiving special skin care.	75	46.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLY FAMILY HOME

Street Address: 1740 84 ST		City and State: BROOKLYN NY 11214	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 146	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	Medicare Residents: 0	Medicaid Residents: 117	
---	-------------------------------------	---------------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	81	65.3	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	73	58.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	65	52.4	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	96.8	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	49.2	70.4	68.2
 Residents on individually written bowel and bladder retraining program.	1	0.8	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	24.2	42.0	37.7
Completely bedfast residents.	6	4.8	1.9	3.4
Residents confined to chairs.	50	40.3	54.8	50.8
Residents requiring restraints.	35	28.2	47.2	41.3
Confused or disoriented residents.	42	33.9	62.7	58.4
Residents with bed sores.	6	4.8	6.6	7.1
Residents receiving special skin care.	23	18.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JHMCB CENTER FOR NURSING REHAB INC

Street Address:		City and State:	
520 PROSPECT PL		BROOKLYN NY 11238	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	320	NON-PROFIT OTHER	08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
312	5	303	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	295	94.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	289	92.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	259	83.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	278	89.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	243	77.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	0.6	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	191	61.2	42.0	37.7
Completely bedfast residents.	5	1.6	1.9	3.4
Residents confined to chairs.	263	84.3	54.8	50.8
Residents requiring restraints.	233	74.7	47.2	41.3
Confused or disoriented residents.	217	69.6	62.7	58.4
Residents with bed sores.	36	11.5	6.6	7.1
Residents receiving special skin care.	269	86.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEMBERG HOME FOR THE AGED

Street Address:		City and State:	
8629 BAY PKWY		BROOKLYN NY 11214	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	45	NON-PROFIT OTHER	05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	1	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	74.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	69.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	48.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	53.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	65.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	25.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	9	20.9	54.8	50.8
Residents requiring restraints.	13	30.2	47.2	41.3
Confused or disoriented residents.	17	39.5	62.7	58.4
Residents with bed sores.	2	4.7	6.6	7.1
Residents receiving special skin care.	13	30.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MADONNA RESIDENCE INC

Street Address: 1 PROSPECT PARK W		City and State: BROOKLYN NY 11215	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 290	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
272	7	235			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	201	73.9	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	200	73.5	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	164	60.3	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	181	66.5	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	164	60.3	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	126	46.3	42.0	37.7	
Completely bedfast residents.	6	2.2	1.9	3.4	
Residents confined to chairs.	153	56.3	54.8	50.8	
Residents requiring restraints.	135	49.6	47.2	41.3	
Confused or disoriented residents.	171	62.9	62.7	58.4	
Residents with bed sores.	0	0.0	6.6	7.1	
Residents receiving special skin care.	46	16.9	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARCUS GARVEY MANOR NH

Street Address: 810 20 ST MARKS AVE		City and State: BROOKLYN NY 11213	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 295	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 289	Medicare Residents: 6	Medicaid Residents: 282
---	-------------------------------------	---------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	251	86.9	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	254	87.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	201	69.6	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	229	79.2	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	209	72.3	70.4	68.2
 Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	126	43.6	42.0	37.7
 Completely bedfast residents.	0	0.0	1.9	3.4
 Residents confined to chairs.	184	63.7	54.8	50.8
 Residents requiring restraints.	140	48.4	47.2	41.3
 Confused or disoriented residents.	214	74.0	62.7	58.4
 Residents with bed sores.	16	5.5	6.6	7.1
 Residents receiving special skin care.	93	32.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MENORAH HOME AND HOSP FOR AGED

Street Address: 871 BUSHWICK AVE		City and State: BROOKLYN NY 11221	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 273	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 264		Medicare Residents: 4		Medicaid Residents: 257			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				229	86.7	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				228	86.4	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				204	77.3	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				200	75.8	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				203	76.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.				6	2.3	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				106	40.2	42.0	37.7
Completely bedfast residents.				0	0.0	1.9	3.4
Residents confined to chairs.				154	58.3	54.8	50.8
Residents requiring restraints.				58	22.0	47.2	41.3
Confused or disoriented residents.				148	56.1	62.7	58.4
Residents with bed sores.				20	7.6	6.6	7.1
Residents receiving special skin care.				151	57.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MENORAH NURSING HOME

Street Address:		City and State:	
1516 ORIENTAL BLVD		BROOKLYN NY 11235	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	253	NON-PROFIT OTHER	05/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
251	8	230	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	185	73.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	187	74.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	180	71.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	66.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	142	56.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	0.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	171	68.1	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	149	59.4	54.8	50.8
Residents requiring restraints.	125	49.8	47.2	41.3
Confused or disoriented residents.	141	56.2	62.7	58.4
Residents with bed sores.	16	6.4	6.6	7.1
Residents receiving special skin care.	150	59.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE METROPOLITAN JEWISH GERIATRIC CENTER

Street Address:		City and State:	
10TH AVE AND 48TH ST		BROOKLYN NY 11219	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	529	NON-PROFIT OTHER	06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
513	53	437	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	410	79.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	486	94.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	465	90.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	473	92.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	427	83.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	271	52.8	42.0	37.7
Completely bedfast residents.	16	3.1	1.9	3.4
Residents confined to chairs.	450	87.7	54.8	50.8
Residents requiring restraints.	316	61.6	47.2	41.3
Confused or disoriented residents.	374	72.9	62.7	58.4
Residents with bed sores.	89	17.3	6.6	7.1
Residents receiving special skin care.	511	99.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE METROPOLITAN JEWISH GERIATRIC CENTER

Street Address:		City and State:	
WEST 29TH ST		BROOKLYN NY 11224	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	359	NON-PROFIT OTHER	06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
354	14	325

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	269	76.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	284	80.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	196	55.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	208	58.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	205	57.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	144	40.7	42.0	37.7
Completely bedfast residents.	2	0.6	1.9	3.4
Residents confined to chairs.	110	31.1	54.8	50.8
Residents requiring restraints.	93	26.3	47.2	41.3
Confused or disoriented residents.	261	73.7	62.7	58.4
Residents with bed sores.	22	6.2	6.6	7.1
Residents receiving special skin care.	100	28.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORWEIGAN CHRISTIAN HOME HC

Street Address: 1250-70 67 ST		City and State: BROOKLYN NY 11219	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 135	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	Medicare Residents: 1	Medicaid Residents: 97
---	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	93.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	56.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	41.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	37.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	28.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	16.7	42.0	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	51	38.6	54.8	50.8
Residents requiring restraints.	22	16.7	47.2	41.3
Confused or disoriented residents.	91	68.9	62.7	58.4
Residents with bed sores.	4	3.0	6.6	7.1
Residents receiving special skin care.	8	6.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NY CONGREGATIONAL HOME

Street Address: 123 LINDEN BLVD		City and State: BROOKLYN NY 11226	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 68	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	Medicare Residents: 0	Medicaid Residents: 56
--	-------------------------------------	--------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	50	73.5	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	46	67.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	40	58.8	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	86.8	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	60.3	70.4	68.2
 Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	2.9	42.0	37.7
 Completely bedfast residents.	0	0.0	1.9	3.4
 Residents confined to chairs.	5	7.4	54.8	50.8
 Residents requiring restraints.	9	13.2	47.2	41.3
 Confused or disoriented residents.	49	72.1	62.7	58.4
 Residents with bed sores.	2	2.9	6.6	7.1
 Residents receiving special skin care.	9	13.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OXFORD NH

Street Address:		City and State:	
144 S OXFORD ST		BROOKLYN NY 11217	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	235	PROPRIETARY	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
228	3	224			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	222	97.4	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	214	93.9	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	167	73.2	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	212	93.0	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	180	78.9	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	109	47.8	42.0	37.7	
Completely bedfast residents.	0	0.0	1.9	3.4	
Residents confined to chairs.	156	68.4	54.8	50.8	
Residents requiring restraints.	57	25.0	47.2	41.3	
Confused or disoriented residents.	149	65.4	62.7	58.4	
Residents with bed sores.	9	3.9	6.6	7.1	
Residents receiving special skin care.	167	73.2	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	54	9.5	201	2.1
MET	5	0.9	518	5.5
MET	2	0.4	168	1.8
MET	11	1.9	806	8.5
MET	13	2.3	1618	17.1
MET	3	0.5	36	0.4
MET	6	1.1	205	2.2
MET	0	0.0	30	0.3
NOT MET	43	7.6	145	1.5
MET	1	0.2	49	0.5
MET	8	1.4	508	5.4
MET	16	2.8	2816	29.8
MET	11	1.9	1733	18.3
MET	13	2.3	1052	11.1
MET	8	1.4	1512	16.0
MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALM GARDENS NH

Street Address: 615 AVENUE C		City and State: BROOKLYN NY 11218	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 240	Type of Ownership: PROPRIETARY	Survey Date: 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 228	Medicare Residents: 7	Medicaid Residents: 176	
---	-------------------------------------	---------------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	220	96.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	210	92.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	196	86.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	200	87.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	179	78.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	4	1.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	153	67.1	42.0	37.7
Completely bedfast residents.	2	0.9	1.9	3.4
Residents confined to chairs.	159	69.7	54.8	50.8
Residents requiring restraints.	122	53.5	47.2	41.3
Confused or disoriented residents.	165	72.4	62.7	58.4
Residents with bed sores.	8	3.5	6.6	7.1
Residents receiving special skin care.	135	59.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALM TREE NH

Street Address: 5606 15TH AVE		City and State: BROOKLYN NY 11219	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 79	Type of Ownership: PROPRIETARY	Survey Date: 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	Medicare Residents: 2	Medicaid Residents: 67	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	97.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	92.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	89.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	84.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	74.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	49.3	42.0	37.7
Completely bedfast residents.	1	1.3	1.9	3.4
Residents confined to chairs.	38	50.7	54.8	50.8
Residents requiring restraints.	43	57.3	47.2	41.3
Confused or disoriented residents.	44	58.7	62.7	58.4
Residents with bed sores.	4	5.3	6.6	7.1
Residents receiving special skin care.	30	40.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKSHORE MANOR HEALTH CARE CENTER

Street Address:		City and State:	
1555 ROCKAWAY PKWY		BROOKLYN NY 11236	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	270	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
257	1	127	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	222	86.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	195	75.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	152	59.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	213	82.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	44.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	15.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	70	27.2	54.8	50.8
Residents requiring restraints.	70	27.2	47.2	41.3
Confused or disoriented residents.	138	53.7	62.7	58.4
Residents with bed sores.	3	1.2	6.6	7.1
Residents receiving special skin care.	30	11.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROSPECT PARK NH

Street Address:		City and State:	
1455 CONEY ISLAND AVE		BROOKLYN NY 11230	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	215	NON-PROFIT OTHER	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
207		0		0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		198	95.7	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		206	99.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		189	91.3	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		187	90.3	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		187	90.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.		3	1.4	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		106	51.2	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		70	33.8	54.8	50.8
Residents requiring restraints.		123	59.4	47.2	41.3
Confused or disoriented residents.		136	65.7	62.7	58.4
Residents with bed sores.		17	8.2	6.6	7.1
Residents receiving special skin care.		153	73.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVER MANOR

Street Address:		City and State:	
630 E 104TH ST		BROOKLYN NY 11236	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	380	PROPRIETARY	04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
364	0	362	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	245	67.3	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	212	58.2	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	103	28.3	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	17.9	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	19.8	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	6.9	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	65	17.9	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	105	28.8	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	43	11.8	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RUTLAND NH

Street Address:		City and State:	
585 SCHENECTADY AVE		BROOKLYN NY 11203	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	538	NON-PROFIT PRIVATE	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
525	20	503

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	496	94.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	479	91.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	467	89.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	456	86.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	435	82.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	7	1.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	393	74.9	42.0	37.7
Completely bedfast residents.	23	4.4	1.9	3.4
Residents confined to chairs.	429	81.7	54.8	50.8
Residents requiring restraints.	388	73.9	47.2	41.3
Confused or disoriented residents.	376	71.6	62.7	58.4
Residents with bed sores.	70	13.3	6.6	7.1
Residents receiving special skin care.	83	15.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SAMUEL SCHULMAN CTR FOR NURS AND REHAB

Street Address:		City and State:	
555 ROCKAWAY PARKWAY		BROOKLYN NY 11212	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	220	NON-PROFIT OTHER	01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
213	29	178	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

190 89.2 86.3 81.5

Dressing

Residents requiring some or total assistance in dressing.

205 96.2 84.2 83.2

Toileting

Residents requiring some or total assistance in toileting.

196 92.0 75.9 73.8

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

200 93.9 78.2 77.2

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

178 83.6 70.4 68.2

Residents on individually written bowel and bladder retraining program.

0 0.0 2.5 4.6

Eating

Residents receiving tube feedings or requiring assistance with eating.

134 62.9 42.0 37.7

Completely bedfast residents.

8 3.8 1.9 3.4

Residents confined to chairs.

154 72.3 54.8 50.8

Residents requiring restraints.

98 46.0 47.2 41.3

Confused or disoriented residents.

113 53.1 62.7 58.4

Residents with bed sores.

26 12.2 6.6 7.1

Residents receiving special skin care.

54 25.4 38.6 31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEA CREST HEALTH CARE CENTER

Street Address:		City and State:	
3035 WEST 24TH STREET		BROOKLYN NY 11224	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	320	PROPRIETARY	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
316		6		258			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				268	84.8	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				233	73.7	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				193	61.1	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				200	63.3	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				205	64.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.				5	1.6	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				146	46.2	42.0	37.7
Completely bedfast residents.				0	0.0	1.9	3.4
Residents confined to chairs.				200	63.3	54.8	50.8
Residents requiring restraints.				141	44.6	47.2	41.3
Confused or disoriented residents.				213	67.4	62.7	58.4
Residents with bed sores.				8	2.5	6.6	7.1
Residents receiving special skin care.				136	43.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEPHARDIC HOME FOR THE AGED

Street Address:		City and State:	
2266 CROPSEY AVE		BROOKLYN NY 11214	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	269	NON-PROFIT PRIVATE	05/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
267	15	245	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	222	83.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	197	73.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	169	63.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	63.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	167	62.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	4	1.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	147	55.1	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	136	50.9	54.8	50.8
Residents requiring restraints.	71	26.6	47.2	41.3
Confused or disoriented residents.	160	59.9	62.7	58.4
Residents with bed sores.	30	11.2	6.6	7.1
Residents receiving special skin care.	141	52.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHEEPSHEAD NH

Street Address:		City and State:	
2840 KNAPP ST		BROOKLYN NY 11235	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
185	0	168		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	178	96.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	176	95.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	161	87.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	87.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	155	83.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	37.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	153	82.7	54.8	50.8
Residents requiring restraints.	109	58.9	47.2	41.3
Confused or disoriented residents.	162	87.6	62.7	58.4
Residents with bed sores.	9	4.9	6.6	7.1
Residents receiving special skin care.	60	32.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHORE VIEW NH

Street Address: 2865 BIRGHTON 3RD ST		City and State: BROOKLYN NY 11235	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 320	Type of Ownership: PROPRIETARY	Survey Date: 09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 316	Medicare Residents: 5	Medicaid Residents: 257	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	291	92.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	295	93.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	274	86.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	273	86.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	241	76.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	6	1.9	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	144	45.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	281	88.9	54.8	50.8
Residents requiring restraints.	156	49.4	47.2	41.3
Confused or disoriented residents.	230	72.8	62.7	58.4
Residents with bed sores.	26	8.2	6.6	7.1
Residents receiving special skin care.	40	12.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOHN EPISCOPAL HOME FOR AGED

Street Address: 480 HERKIMER ST		City and State: BROOKLYN NY 11213	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 97	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	Medicare Residents: 3	Medicaid Residents: 82	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	72.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	63.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	57.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	47.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	50.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	12	12.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	21.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	42	44.7	54.8	50.8
Residents requiring restraints.	22	23.4	47.2	41.3
Confused or disoriented residents.	53	56.4	62.7	58.4
Residents with bed sores.	4	4.3	6.6	7.1
Residents receiving special skin care.	46	48.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WARTBURG LUTHERAN HOME FOR AGING

Street Address:		City and State:	
2598 FULTON ST		BROOKLYN NY 11207	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	225	NON-PROFIT RELIGIOUS	08/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
222	2	197

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	207	93.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	157	70.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	52.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	10.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	112	50.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	20	9.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	107	48.2	42.0	37.7
Completely bedfast residents.	4	1.8	1.9	3.4
Residents confined to chairs.	94	42.3	54.8	50.8
Residents requiring restraints.	49	22.1	47.2	41.3
Confused or disoriented residents.	105	47.3	62.7	58.4
Residents with bed sores.	8	3.6	6.6	7.1
Residents receiving special skin care.	111	50.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLOUGHBY NH

Street Address:		City and State:	
949 WILLOUGHBY AVE		BROOKLYN NY 11221	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	161	PROPRIETARY	05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
157	1	156

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	82.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	126	80.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	122	77.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	77.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	126	80.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	120	76.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	69	43.9	54.8	50.8
Residents requiring restraints.	46	29.3	47.2	41.3
Confused or disoriented residents.	97	61.8	62.7	58.4
Residents with bed sores.	7	4.5	6.6	7.1
Residents receiving special skin care.	26	16.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMHERST NURSING AND CONVALESCENT HOME

Street Address:		City and State:	
4459 BAILEY AVE		BUFFALO NY 14226	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	83	PROPRIETARY	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
76	2	22		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	97.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	94.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	93.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	94.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	67.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	43.4	42.0	37.7
Completely bedfast residents.	3	3.9	1.9	3.4
Residents confined to chairs.	65	85.5	54.8	50.8
Residents requiring restraints.	62	81.6	47.2	41.3
Confused or disoriented residents.	40	52.6	62.7	58.4
Residents with bed sores.	3	3.9	6.6	7.1
Residents receiving special skin care.	38	50.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMHERST PRESBYTERIAN NURSING CENTER

Street Address: 200 BASSETT RD		City and State: BUFFALO NY 14221	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 200	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 192	Medicare Residents: 18	Medicaid Residents: 134		
---	----------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	54.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	129	67.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	63.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	62.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	51.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	4	2.1	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	20.8	42.0	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	103	53.6	54.8	50.8
Residents requiring restraints.	64	33.3	47.2	41.3
Confused or disoriented residents.	60	31.3	62.7	58.4
Residents with bed sores.	15	7.8	6.6	7.1
Residents receiving special skin care.	42	21.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEACONESS SNF OF THE BUFFALO GEN HOSP

Street Address:		City and State:	
1001 HUMBOLDT PKWY		BUFFALO NY 14208	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	162	NON-PROFIT OTHER	04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
135	5	129	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	135	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	135	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	130	96.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	115	85.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	43.7	42.0	37.7
Completely bedfast residents.	4	3.0	1.9	3.4
Residents confined to chairs.	121	89.6	54.8	50.8
Residents requiring restraints.	89	65.9	47.2	41.3
Confused or disoriented residents.	104	77.0	62.7	58.4
Residents with bed sores.	12	8.9	6.6	7.1
Residents receiving special skin care.	30	22.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DOWNTOWN NH INC

Street Address:		City and State:	
200 SEVENTH ST		BUFFALO NY 14201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	NON-PROFIT PRIVATE	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
77		2		64	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		77	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		73	94.8	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		74	96.1	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		69	89.6	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		62	80.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		37	48.1	42.0	37.7
Completely bedfast residents.		1	1.3	1.9	3.4
Residents confined to chairs.		42	54.5	54.8	50.8
Residents requiring restraints.		54	70.1	47.2	41.3
Confused or disoriented residents.		53	68.8	62.7	58.4
Residents with bed sores.		9	11.7	6.6	7.1
Residents receiving special skin care.		77	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ERIE CO MEDICAL CENTER SNF

Street Address: 462 GRIDER ST		City and State: BUFFALO NY 14215	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 6	Medicaid Residents: 111
---	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	85.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	92.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	84.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	83.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	79.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	45.4	42.0	37.7
Completely bedfast residents.	10	8.4	1.9	3.4
Residents confined to chairs.	53	44.5	54.8	50.8
Residents requiring restraints.	60	50.4	47.2	41.3
Confused or disoriented residents.	81	68.1	62.7	58.4
Residents with bed sores.	21	17.6	6.6	7.1
Residents receiving special skin care.	20	16.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GEORGIAN COURT OF BUFFALO

Street Address:		City and State:	
1040 DELAWARE AVE		BUFFALO NY 14209	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	134	PROPRIETARY	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
127	4	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	127	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	94.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	85.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	87.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	79.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	88	69.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	35.4	42.0	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	105	82.7	54.8	50.8
Residents requiring restraints.	75	59.1	47.2	41.3
Confused or disoriented residents.	79	62.2	62.7	58.4
Residents with bed sores.	6	4.7	6.6	7.1
Residents receiving special skin care.	12	9.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMLIN TERRACE HEALTH CARE CENTER

Street Address:		City and State:	
1014 DELAWARE AVE		BUFFALO NY 14209	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	04/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
192	0	140	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	147	76.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	151	78.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	138	71.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	67.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	48.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	106	55.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	30	15.6	54.8	50.8
Residents requiring restraints.	77	40.1	47.2	41.3
Confused or disoriented residents.	81	42.2	62.7	58.4
Residents with bed sores.	16	8.3	6.6	7.1
Residents receiving special skin care.	52	27.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANHATTAN MANOR SNF

Street Address:		City and State:	
300 MANHATTAN AVE		BUFFALO NY 14214	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
119	2	48	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	77.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	75.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	67.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	73.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	58.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	11.8	42.0	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	31	26.1	54.8	50.8
Residents requiring restraints.	41	34.5	47.2	41.3
Confused or disoriented residents.	70	58.8	62.7	58.4
Residents with bed sores.	5	4.2	6.6	7.1
Residents receiving special skin care.	34	28.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERCY HOSP-ECF

Street Address: 565 ABBOTT RD		City and State: BUFFALO NY 14220	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 60	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 55	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	98.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	98.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	90.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	96.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	88.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	43.3	42.0	37.7
Completely bedfast residents.	3	5.0	1.9	3.4
Residents confined to chairs.	42	70.0	54.8	50.8
Residents requiring restraints.	51	85.0	47.2	41.3
Confused or disoriented residents.	41	68.3	62.7	58.4
Residents with bed sores.	4	6.7	6.6	7.1
Residents receiving special skin care.	0	0.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MILLARD FILLMORE HOSP SNF

Street Address: 3 GATES CIRCLE		City and State: BUFFALO NY 14209	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 44	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41		Medicare Residents: 2		Medicaid Residents: 36			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				41	100	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				41	100	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				40	97.6	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				41	100	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				40	97.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.				1	2.4	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				22	53.7	42.0	37.7
Completely bedfast residents.				2	4.9	1.9	3.4
Residents confined to chairs.				26	63.4	54.8	50.8
Residents requiring restraints.				36	87.8	47.2	41.3
Confused or disoriented residents.				33	80.5	62.7	58.4
Residents with bed sores.				7	17.1	6.6	7.1
Residents receiving special skin care.				27	65.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NAZARETH NH

Street Address: 291 W NORTH ST		City and State: BUFFALO NY 14201	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 125	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	Medicare Residents: 3	Medicaid Residents: 77
---	-------------------------------------	--------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	91.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	92.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	86.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	88.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	78.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	49.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	59	47.2	54.8	50.8
Residents requiring restraints.	73	58.4	47.2	41.3
Confused or disoriented residents.	71	56.8	62.7	58.4
Residents with bed sores.	13	10.4	6.6	7.1
Residents receiving special skin care.	11	8.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NIAGARA LUTHERAN HOME INC

Street Address: 64 HAGER ST		City and State: BUFFALO NY 14208	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 169	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 166	Medicare Residents: 5	Medicaid Residents: 109
---	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	137	82.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	158	95.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	145	87.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	89.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	79.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	46.4	42.0	37.7
Completely bedfast residents.	1	0.6	1.9	3.4
Residents confined to chairs.	64	38.6	54.8	50.8
Residents requiring restraints.	112	67.5	47.2	41.3
Confused or disoriented residents.	117	70.5	62.7	58.4
Residents with bed sores.	16	9.6	6.6	7.1
Residents receiving special skin care.	3	1.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGE VIEW MANOR NH

Street Address:		City and State:	
300 DORRANCE AVE		BUFFALO NY 14220	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
115		4		53			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION		
		#	%	%	%		
Bathing							
Residents requiring some or total assistance in bathing.		102	88.7	86.3	81.5		
Dressing							
Residents requiring some or total assistance in dressing.		106	92.2	84.2	83.2		
Toileting							
Residents requiring some or total assistance in toileting.		89	77.4	75.9	73.8		
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		94	81.7	78.2	77.2		
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.		82	71.3	70.4	68.2		
Residents on individually written bowel and bladder retraining program.		2	1.7	2.5	4.6		
Eating							
Residents receiving tube feedings or requiring assistance with eating.		48	41.7	42.0	37.7		
Completely bedfast residents.		1	0.9	1.9	3.4		
Residents confined to chairs.		48	41.7	54.8	50.8		
Residents requiring restraints.		59	51.3	47.2	41.3		
Confused or disoriented residents.		89	77.4	62.7	58.4		
Residents with bed sores.		19	16.5	6.6	7.1		
Residents receiving special skin care.		40	34.8	38.6	31.2		

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSA COPLON JEWISH NH AND INFIRMARY

Street Address:		City and State:	
10 SYMPHONY CIRCLE		BUFFALO NY 14201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	166	NON-PROFIT OTHER	05/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
160	2	115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	129	80.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	65.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	55.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	54.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	51.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	28.7	42.0	37.7
Completely bedfast residents.	1	0.6	1.9	3.4
Residents confined to chairs.	36	22.5	54.8	50.8
Residents requiring restraints.	61	38.1	47.2	41.3
Confused or disoriented residents.	99	61.9	62.7	58.4
Residents with bed sores.	9	5.6	6.6	7.1
Residents receiving special skin care.	56	35.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SISTERS OF CHARITY HOSP SNF

Street Address:		City and State:	
2157 MAIN ST		BUFFALO NY 14214	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	NON-PROFIT RELIGIOUS	01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
80	5	74	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	81.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	98.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	95.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	97.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	76.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	47.5	42.0	37.7
Completely bedfast residents.	2	2.5	1.9	3.4
Residents confined to chairs.	69	86.2	54.8	50.8
Residents requiring restraints.	56	70.0	47.2	41.3
Confused or disoriented residents.	64	80.0	62.7	58.4
Residents with bed sores.	10	12.5	6.6	7.1
Residents receiving special skin care.	27	33.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST ANDREWS PRESBYTERIAN MANOR

Street Address:		City and State:	
1205 DELAWARE AVE		BUFFALO NY 14209	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	91	NON-PROFIT RELIGIOUS	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
87		3		72	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		83	95.4	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		82	94.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		72	82.8	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		69	79.3	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		66	75.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		36	41.4	42.0	37.7
Completely bedfast residents.		3	3.4	1.9	3.4
Residents confined to chairs.		37	42.5	54.8	50.8
Residents requiring restraints.		66	75.9	47.2	41.3
Confused or disoriented residents.		76	87.4	62.7	58.4
Residents with bed sores.		66	75.9	6.6	7.1
Residents receiving special skin care.		57	65.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ST LUKES PRESBYTERIAN NURSING CENTER

Street Address:		City and State:	
1175 DELAWARE AVE		BUFFALO NY 14209	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
116	2	85	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	88	75.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	85.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	75.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	60.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	35.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	76	65.5	54.8	50.8
Residents requiring restraints.	54	46.6	47.2	41.3
Confused or disoriented residents.	80	69.0	62.7	58.4
Residents with bed sores.	14	12.1	6.6	7.1
Residents receiving special skin care.	39	33.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

24 RHODE ISLAND NH CO INC

Street Address:		City and State:	
24 RHODE ISLAND ST		BUFFALO NY 14213	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	128	NON-PROFIT RELIGIOUS	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
126	3	97	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	77.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	91.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	63.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	73.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	67.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	20.6	42.0	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	43	34.1	54.8	50.8
Residents requiring restraints.	17	13.5	47.2	41.3
Confused or disoriented residents.	51	40.5	62.7	58.4
Residents with bed sores.	6	4.8	6.6	7.1
Residents receiving special skin care.	68	54.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MARY MCCLELLAN HOSP

Street Address:		City and State:	
		CAMBRIDGE NY 12816	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	39	NON-PROFIT PRIVATE	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
38		0		33	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		38	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		37	97.4	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		34	89.5	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		35	92.1	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		31	81.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	55.3	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		29	76.3	54.8	50.8
Residents requiring restraints.		24	63.2	47.2	41.3
Confused or disoriented residents.		21	55.3	62.7	58.4
Residents with bed sores.		5	13.2	6.6	7.1
Residents receiving special skin care.		22	57.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DOANES NH

Street Address: RD 2 BOX291		City and State: CAMPBELL HALL NY 10916	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	Medicare Residents: 0	Medicaid Residents: 79	
---	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	92.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	68.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	65.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	65.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	42.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	33	29.5	54.8	50.8
Residents requiring restraints.	40	35.7	47.2	41.3
Confused or disoriented residents.	64	57.1	62.7	58.4
Residents with bed sores.	13	11.6	6.6	7.1
Residents receiving special skin care.	3	2.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELM MANOR NH

Street Address:		City and State:	
210 NORTH MAIN ST		CANANDAIGUA NY 14424	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	46	PROPRIETARY	08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
45	0	19	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	100	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	97.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	82.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	53.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	4	8.9	54.8	50.8
Residents requiring restraints.	35	77.8	47.2	41.3
Confused or disoriented residents.	41	91.1	62.7	58.4
Residents with bed sores.	7	15.6	6.6	7.1
Residents receiving special skin care.	20	44.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE F F THOMPSON NH

Street Address:		City and State:	
350 PARRISH ST		CANANDAIGUA NY 14424	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	108	NON-PROFIT OTHER	06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
107	7	81	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	92.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	83.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	66.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	74.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	96.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	22.4	42.0	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	65	60.7	54.8	50.8
Residents requiring restraints.	32	29.9	47.2	41.3
Confused or disoriented residents.	58	54.2	62.7	58.4
Residents with bed sores.	3	2.8	6.6	7.1
Residents receiving special skin care.	32	29.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ONTARIO CO HEALTH FACILITY

Street Address:		City and State:	
3893 COUNTY ROAD 46		CANANDAIGUA NY 14424	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	LOCAL GOVERNMENT	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
98	0	50	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	79	80.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	88.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	75.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	98.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	83.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	15	15.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	39.8	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	32	32.7	54.8	50.8
Residents requiring restraints.	47	48.0	47.2	41.3
Confused or disoriented residents.	64	65.3	62.7	58.4
Residents with bed sores.	1	1.0	6.6	7.1
Residents receiving special skin care.	34	34.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNITED HELPERS CANTON NH

Street Address:		City and State:	
WEST MAIN ST		CANTON NY 13617	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
160	0	126	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	65.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	68.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	50.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	50.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	62.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	23.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	52	32.5	54.8	50.8
Residents requiring restraints.	20	12.5	47.2	41.3
Confused or disoriented residents.	89	55.6	62.7	58.4
Residents with bed sores.	8	5.0	6.6	7.1
Residents receiving special skin care.	25	15.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARTHAGE AREA HOSP SNF

Street Address:		City and State:	
WEST STREET ROAD		CARTHAGE NY 13619	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	30	NON-PROFIT OTHER	10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
30	0	28		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		30	100	86.3
Dressing				
Residents requiring some or total assistance in dressing.		30	100	84.2
Toileting				
Residents requiring some or total assistance in toileting.		29	96.7	75.9
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		30	100	78.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		29	96.7	70.4
Residents on individually written bowel and bladder retraining program.		1	3.3	2.5
Eating				
Residents receiving tube feedings or requiring assistance with eating.		16	53.3	42.0
Completely bedfast residents.		1	3.3	1.9
Residents confined to chairs.		3	10.0	54.8
Residents requiring restraints.		4	13.3	47.2
Confused or disoriented residents.		24	80.0	62.7
Residents with bed sores.		2	6.7	6.6
Residents receiving special skin care.		4	13.3	38.6

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENBRIAR NH

Street Address:		City and State:	
WEST STREET RD		CARTHAGE NY 13619	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	PROPRIETARY	05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	95.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	97.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	90.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	92.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	87.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	47.5	42.0	37.7
Completely bedfast residents.	1	2.5	1.9	3.4
Residents confined to chairs.	16	40.0	54.8	50.8
Residents requiring restraints.	29	72.5	47.2	41.3
Confused or disoriented residents.	24	60.0	62.7	58.4
Residents with bed sores.	1	2.5	6.6	7.1
Residents receiving special skin care.	40	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RESURRECTION REST HOME

Street Address: MOUNT ST JOSEPH		City and State: CASTLETON NY 12033	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 48	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47		Medicare Residents: 0		Medicaid Residents: 32	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		42	89.4	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		45	95.7	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		43	91.5	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		44	93.6	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		40	85.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	44.7	42.0	37.7
Completely bedfast residents.		1	2.1	1.9	3.4
Residents confined to chairs.		18	38.3	54.8	50.8
Residents requiring restraints.		28	59.6	47.2	41.3
Confused or disoriented residents.		28	59.6	62.7	58.4
Residents with bed sores.		2	4.3	6.6	7.1
Residents receiving special skin care.		20	42.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLUMBIA GREENE MED CENTER INC LTC DIV

Street Address:		City and State:	
161 JEFFERSON HEIGHTS		CATSKILL NY 12414	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	LOCAL GOVERNMENT	04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	14	93		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	60.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	80.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	78.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	71.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	66.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	37.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	87	73.1	54.8	50.8
Residents requiring restraints.	42	35.3	47.2	41.3
Confused or disoriented residents.	71	59.7	62.7	58.4
Residents with bed sores.	13	10.9	6.6	7.1
Residents receiving special skin care.	25	21.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDEN PARK NH

Street Address: 154 JEFFERSON HEIGHTS		City and State: CATSKILL NY 12414	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 136	Type of Ownership: PROPRIETARY	Survey Date: 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	Medicare Residents: 0	Medicaid Residents: 115	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	126	93.3	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	115	85.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	91	67.4	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	70.4	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	56.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	40.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	39	28.9	54.8	50.8
Residents requiring restraints.	51	37.8	47.2	41.3
Confused or disoriented residents.	82	60.7	62.7	58.4
Residents with bed sores.	3	2.2	6.6	7.1
Residents receiving special skin care.	20	14.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDAR LODGE NH

Street Address: FROWEIN RD		City and State: CENTER MORICHES NY 11934	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 06/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	Medicare Residents: 5	Medicaid Residents: 60	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	94.8	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	90	92.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	79	81.4	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	84.5	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	72.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	47.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	82	84.5	54.8	50.8
Residents requiring restraints.	69	71.1	47.2	41.3
Confused or disoriented residents.	66	68.0	62.7	58.4
Residents with bed sores.	14	14.4	6.6	7.1
Residents receiving special skin care.	14	14.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARDEN GATE MANOR

Street Address: 2365 UNION RD		City and State: CHEEKTOWAGA NY 14227	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 06/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 152	Medicare Residents: 5	Medicaid Residents: 76	
---	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	111	73.0	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	118	77.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	103	67.8	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	74.3	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	49.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	25.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	44	28.9	54.8	50.8
Residents requiring restraints.	81	53.3	47.2	41.3
Confused or disoriented residents.	98	64.5	62.7	58.4
Residents with bed sores.	21	13.8	6.6	7.1
Residents receiving special skin care.	40	26.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR OAK SNF INC

Street Address:		City and State:	
3600 HARLEM RD		CHEEKTOWAGA NY 14225	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	158	PROPRIETARY	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
143	4	102		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	97.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	140	97.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	141	98.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	98.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	70.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	38.5	42.0	37.7
Completely bedfast residents.	3	2.1	1.9	3.4
Residents confined to chairs.	110	76.9	54.8	50.8
Residents requiring restraints.	102	71.3	47.2	41.3
Confused or disoriented residents.	76	53.1	62.7	58.4
Residents with bed sores.	11	7.7	6.6	7.1
Residents receiving special skin care.	93	65.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHENANGO BRIDGE NH

Street Address: HOSPITAL HILL RD-BOX 37		City and State: CHENANGO BRIDGE NY 13745	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 39	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	Medicare Residents: 0	Medicaid Residents: 37
--	-------------------------------------	--------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	64.1	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	32	82.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	26	66.7	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	66.7	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	51.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	38.5	42.0	37.7
Completely bedfast residents.	1	2.6	1.9	3.4
Residents confined to chairs.	17	43.6	54.8	50.8
Residents requiring restraints.	17	43.6	47.2	41.3
Confused or disoriented residents.	15	38.5	62.7	58.4
Residents with bed sores.	1	2.6	6.6	7.1
Residents receiving special skin care.	2	5.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STONEHEDGE CHITTENANGO NH

Street Address:		City and State:	
331 RUSSELL ST		CHITTENANGO NY 13037	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
80	1	43		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		58	72.5	86.3
Dressing				
Residents requiring some or total assistance in dressing.		58	72.5	84.2
Toileting				
Residents requiring some or total assistance in toileting.		49	61.2	75.9
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		46	57.5	78.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		48	60.0	70.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5
Eating				
Residents receiving tube feedings or requiring assistance with eating.		17	21.2	42.0
Completely bedfast residents.		0	0.0	1.9
Residents confined to chairs.		9	11.2	54.8
Residents requiring restraints.		20	25.0	47.2
Confused or disoriented residents.		28	35.0	62.7
Residents with bed sores.		2	2.5	6.6
Residents receiving special skin care.		28	35.0	38.6

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROTHERS OF MERCY NH CO

Street Address:		City and State:	
10570 BERGTOLD ROAD		CLARENCE NY 14031	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	240	NON-PROFIT OTHER	11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
237	30	140

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	187	78.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	223	94.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	193	81.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	206	86.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	119	50.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	13.1	42.0	37.7
Completely bedfast residents.	2	0.8	1.9	3.4
Residents confined to chairs.	70	29.5	54.8	50.8
Residents requiring restraints.	113	47.7	47.2	41.3
Confused or disoriented residents.	127	53.6	62.7	58.4
Residents with bed sores.	28	11.8	6.6	7.1
Residents receiving special skin care.	180	75.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLIFTON SPRINGS HOSP SNF

Street Address:		City and State:	
2 COULTER RD		CLIFTON SPRINGS NY 14432	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	60	NON-PROFIT OTHER	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	6	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	90.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	87.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	80.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	87.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	77.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	42.5	42.0	37.7
Completely bedfast residents.	3	7.5	1.9	3.4
Residents confined to chairs.	19	47.5	54.8	50.8
Residents requiring restraints.	21	52.5	47.2	41.3
Confused or disoriented residents.	19	47.5	62.7	58.4
Residents with bed sores.	6	15.0	6.6	7.1
Residents receiving special skin care.	23	57.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARTIN LUTHER NH INC

Street Address: 110 UTICA RD		City and State: CLINTON NY 13323	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 158	Medicare Residents: 0	Medicaid Residents: 111
---	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	65.2	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	103	65.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	57.0	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	61.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	22.8	42.0	37.7
Completely bedfast residents.	2	1.3	1.9	3.4
Residents confined to chairs.	99	62.7	54.8	50.8
Residents requiring restraints.	47	29.7	47.2	41.3
Confused or disoriented residents.	82	51.9	62.7	58.4
Residents with bed sores.	3	1.9	6.6	7.1
Residents receiving special skin care.	43	27.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	54	9.5	201	2.1
MET	5	0.9	518	5.5
MET	2	0.4	168	1.8
MET	11	1.9	806	8.5
MET	13	2.3	1618	17.1
MET	3	0.5	36	0.4
MET	6	1.1	205	2.2
MET	0	0.0	30	0.3
MET	43	7.6	145	1.5
MET	1	0.2	49	0.5
MET	8	1.4	508	5.4
MET	16	2.8	2816	29.8
MET	11	1.9	1733	18.3
MET	13	2.3	1052	11.1
MET	8	1.4	1512	16.0
MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDEN PARK NH

Street Address: PARKWAY DR		City and State: COBLESKILL NY 12043	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 125	Type of Ownership: PROPRIETARY	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	Medicare Residents: 4	Medicaid Residents: 101	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	93.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	86.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	96	77.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	76.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	78.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	40.3	42.0	37.7
Completely bedfast residents.	2	1.6	1.9	3.4
Residents confined to chairs.	81	65.3	54.8	50.8
Residents requiring restraints.	83	66.9	47.2	41.3
Confused or disoriented residents.	96	77.4	62.7	58.4
Residents with bed sores.	9	7.3	6.6	7.1
Residents receiving special skin care.	19	15.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MARY ALICE FORD NH

Street Address:		City and State:	
COLUMBIA ST		COHOES NY 12047	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	NON-PROFIT OTHER	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
79	0	62	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

70 88.6 86.3 81.5

Dressing

Residents requiring some or total assistance in dressing.

79 100 84.2 83.2

Toileting

Residents requiring some or total assistance in toileting.

73 92.4 75.9 73.8

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

73 92.4 78.2 77.2

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

60 75.9 70.4 68.2

Residents on individually written bowel and bladder retraining program.

1 1.3 2.5 4.6

Eating

Residents receiving tube feedings or requiring assistance with eating.

32 40.5 42.0 37.7

Completely bedfast residents.

0 0.0 1.9 3.4

Residents confined to chairs.

40 50.6 54.8 50.8

Residents requiring restraints.

39 49.4 47.2 41.3

Confused or disoriented residents.

50 63.3 62.7 58.4

Residents with bed sores.

14 17.7 6.6 7.1

Residents receiving special skin care.

74 93.7 38.6 31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODCREST NH

Street Address:		City and State:	
119 09 26 AVE		COLLEGE POINT NY 11356	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
191	4	182			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		191	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		176	92.1	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		151	79.1	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		150	78.5	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		147	77.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		126	66.0	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		142	74.3	54.8	50.8
Residents requiring restraints.		116	60.7	47.2	41.3
Confused or disoriented residents.		127	66.5	62.7	58.4
Residents with bed sores.		10	5.2	6.6	7.1
Residents receiving special skin care.		54	28.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWS-THE

Street Address:		City and State:	
RD 3		COOPERSTOWN NY 13326	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	174	LOCAL GOVERNMENT	05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
172	3	141		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		166	96.5	86.3
Dressing				
Residents requiring some or total assistance in dressing.		149	86.6	84.2
Toileting				
Residents requiring some or total assistance in toileting.		134	77.9	75.9
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		137	79.7	78.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		129	75.0	70.4
Residents on individually written bowel and bladder retraining program.		44	25.6	2.5
Eating				
Residents receiving tube feedings or requiring assistance with eating.		58	33.7	42.0
Completely bedfast residents.		0	0.0	1.9
Residents confined to chairs.		99	57.6	54.8
Residents requiring restraints.		64	37.2	47.2
Confused or disoriented residents.		104	60.5	62.7
Residents with bed sores.		11	6.4	6.6
Residents receiving special skin care.		44	25.6	38.6

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

FOUNDERS PAVILION-CORNING HOSP SNF

Street Address:		City and State:	
205 E 1ST ST		CORNING NY 14830	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	NON-PROFIT OTHER	08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	90.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	96.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	95.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	99.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	92.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	56.8	42.0	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	99	83.9	54.8	50.8
Residents requiring restraints.	77	65.3	47.2	41.3
Confused or disoriented residents.	101	85.6	62.7	58.4
Residents with bed sores.	6	5.1	6.6	7.1
Residents receiving special skin care.	73	61.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CORTLAND NH

Street Address:		City and State:	
193 CLINTON AVE		CORTLAND NY 13045	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	97.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	92.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	93.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	94.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	94.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	41.8	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	27	34.2	54.8	50.8
Residents requiring restraints.	50	63.3	47.2	41.3
Confused or disoriented residents.	63	79.7	62.7	58.4
Residents with bed sores.	5	6.3	6.6	7.1
Residents receiving special skin care.	29	36.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHGATE MANOR OF CORTLAND

Street Address: 28 KELLOGG ROAD		City and State: CORTLAND NY 13045	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 200	Type of Ownership: PROPRIETARY	Survey Date: 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 196	Medicare Residents: 0	Medicaid Residents: 104	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	180	91.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	183	93.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	164	83.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	78.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	161	82.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	93	47.4	42.0	37.7
Completely bedfast residents.	2	1.0	1.9	3.4
Residents confined to chairs.	128	65.3	54.8	50.8
Residents requiring restraints.	113	57.7	47.2	41.3
Confused or disoriented residents.	103	52.6	62.7	58.4
Residents with bed sores.	8	4.1	6.6	7.1
Residents receiving special skin care.	111	56.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SKY VIEW HAVEN NH

Street Address:		City and State:	
ALBANY POST ROAD		CROTON ON HUDSON NY 10522	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
159	85	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	122	76.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	74.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	59.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	56.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	62.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	23.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	33	20.8	54.8	50.8
Residents requiring restraints.	66	41.5	47.2	41.3
Confused or disoriented residents.	94	59.1	62.7	58.4
Residents with bed sores.	5	3.1	6.6	7.1
Residents receiving special skin care.	19	11.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CUBA MEMORIAL HOSP

Street Address:		City and State:	
140 W MAIN ST		CUBA NY 14727	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	46	NON-PROFIT OTHER	07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
35	1	32	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	97.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	94.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	94.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	91.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	77.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	22.9	42.0	37.7
Completely bedfast residents.	1	2.9	1.9	3.4
Residents confined to chairs.	27	77.1	54.8	50.8
Residents requiring restraints.	24	68.6	47.2	41.3
Confused or disoriented residents.	20	57.1	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	5	14.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DELAWARE CO HOME INF

Street Address:		City and State:	
RT 1 BOX 417		DELHI NY 13753	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	199	LOCAL GOVERNMENT	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
197	0	155

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	180	91.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	163	82.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	151	76.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	72.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	176	89.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	34.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	62	31.5	54.8	50.8
Residents requiring restraints.	96	48.7	47.2	41.3
Confused or disoriented residents.	110	55.8	62.7	58.4
Residents with bed sores.	9	4.6	6.6	7.1
Residents receiving special skin care.	89	45.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOOD SAMARITAN NH CO INC

Street Address:		City and State:	
125 ROCKEFELLER RD		DELMAR NY 12054	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	100	NON-PROFIT OTHER	03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
100	0	77			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		78	78.0	69.8	78.3
Dressing					
Residents requiring some or total assistance in dressing.		53	53.0	48.6	76.7
Toileting					
Residents requiring some or total assistance in toileting.		14	14.0	23.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		18	18.0	23.6	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		23	23.0	21.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.4	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		2	2.0	10.3	29.3
Completely bedfast residents.		1	1.0	0.6	3.6
Residents confined to chairs.		1	1.0	11.2	39.1
Residents requiring restraints.		7	7.0	3.0	31.7
Confused or disoriented residents.		39	39.0	37.3	55.8
Residents with bed sores.		0	0.0	0.4	4.7
Residents receiving special skin care.		24	24.0	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST CABRINI NH

Street Address: 115 SOUTH BROADWAY		City and State: DOBBS FERRY NY 10522	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 200	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 197	Medicare Residents: 3	Medicaid Residents: 172
---	-------------------------------------	---------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	76.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	174	88.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	158	80.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	86.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	157	79.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	6	3.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	124	62.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	172	87.3	54.8	50.8
Residents requiring restraints.	117	59.4	47.2	41.3
Confused or disoriented residents.	115	58.4	62.7	58.4
Residents with bed sores.	15	7.6	6.6	7.1
Residents receiving special skin care.	70	35.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHAUTAUQUA CO INFIRMARY

Street Address:		City and State:	
TEMPLE RD		DUNKIRK NY 14048	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	216	LOCAL GOVERNMENT	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
210	6	175		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	137	65.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	204	97.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	183	87.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	76.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	160	76.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	32.4	42.0	37.7
Completely bedfast residents.	7	3.3	1.9	3.4
Residents confined to chairs.	177	84.3	54.8	50.8
Residents requiring restraints.	120	57.1	47.2	41.3
Confused or disoriented residents.	119	56.7	62.7	58.4
Residents with bed sores.	19	9.0	6.6	7.1
Residents receiving special skin care.	58	27.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARGARET-ANTHONY NH

Street Address:		City and State:	
447 449 LAKE SHORE DR W		DUNKIRK NY 14048	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	PROPRIETARY	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	76.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	87.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	89.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	97.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	69.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	25.6	42.0	37.7
Completely bedfast residents.	1	2.6	1.9	3.4
Residents confined to chairs.	31	79.5	54.8	50.8
Residents requiring restraints.	31	79.5	47.2	41.3
Confused or disoriented residents.	15	38.5	62.7	58.4
Residents with bed sores.	5	12.8	6.6	7.1
Residents receiving special skin care.	5	12.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AURORA PARK NH

Street Address:		City and State:	
292 MAIN ST		EAST AURORA NY 14052	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	320	PROPRIETARY	01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
314	1	182	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	232	73.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	251	79.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	36.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	221	70.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	200	63.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	20	6.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	101	32.2	42.0	37.7
Completely bedfast residents.	2	0.6	1.9	3.4
Residents confined to chairs.	163	51.9	54.8	50.8
Residents requiring restraints.	143	45.5	47.2	41.3
Confused or disoriented residents.	192	61.1	62.7	58.4
Residents with bed sores.	12	3.8	6.6	7.1
Residents receiving special skin care.	63	20.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LITTLE FLOWER NH

Street Address:		City and State:	
340 E MONTAWK HGWY		EAST ISLIP NY 11730	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	NON-PROFIT OTHER	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
160	0	116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	158	98.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	67.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	66.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	60.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	10	6.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	38.1	42.0	37.7
Completely bedfast residents.	4	2.5	1.9	3.4
Residents confined to chairs.	82	51.2	54.8	50.8
Residents requiring restraints.	74	46.2	47.2	41.3
Confused or disoriented residents.	78	48.7	62.7	58.4
Residents with bed sores.	12	7.5	6.6	7.1
Residents receiving special skin care.	160	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNNYSIDE NH

Street Address:		City and State:	
BRIDGEPORT-COLLAMER RD		EAST SYRACUSE NY 13057	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
78	0	60		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	96.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	91.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	89.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	93.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	87.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	66.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	28	35.9	54.8	50.8
Residents requiring restraints.	44	56.4	47.2	41.3
Confused or disoriented residents.	45	57.7	62.7	58.4
Residents with bed sores.	2	2.6	6.6	7.1
Residents receiving special skin care.	46	59.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE G SMITH MEM HOME AND INFIRMARY

Street Address:		City and State:	
RIVER RD		EATON NY 13334	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	95	LOCAL GOVERNMENT	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	4	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	86.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	94.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	88.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	87.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	70.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	38.9	42.0	37.7
Completely bedfast residents.	1	1.1	1.9	3.4
Residents confined to chairs.	57	60.0	54.8	50.8
Residents requiring restraints.	53	55.8	47.2	41.3
Confused or disoriented residents.	56	58.9	62.7	58.4
Residents with bed sores.	17	17.9	6.6	7.1
Residents receiving special skin care.	42	44.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST GEORGE NH

Street Address:		City and State:	
2806 GEORGE ST		EDEN NY 14057	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	PROPRIETARY	12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	97.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	97.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	97.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	76.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	36.8	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	37	97.4	54.8	50.8
Residents requiring restraints.	26	68.4	47.2	41.3
Confused or disoriented residents.	24	63.2	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	8	21.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HORACE NYE HOME

Street Address:		City and State:	
PARK ST		ELIZABETHTOWN NY 12932	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	LOCAL GOVERNMENT	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
97	2	90			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		94	96.9	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		82	84.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		70	72.2	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		64	66.0	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		70	72.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	34.0	42.0	37.7
Completely bedfast residents.		2	2.1	1.9	3.4
Residents confined to chairs.		56	57.7	54.8	50.8
Residents requiring restraints.		4	4.1	47.2	41.3
Confused or disoriented residents.		66	68.0	62.7	58.4
Residents with bed sores.		2	2.1	6.6	7.1
Residents receiving special skin care.		23	23.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ARNOT-OGDEN MEMORIAL HOSPITAL SNF

Street Address:		City and State:	
ROE AVENUE		ELMIRA NY 14901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	NON-PROFIT OTHER	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
40	0	40			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		36	90.0	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		40	100	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		37	92.5	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		3	7.5	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		39	97.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		16	40.0	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		9	22.5	54.8	50.8
Residents requiring restraints.		21	52.5	47.2	41.3
Confused or disoriented residents.		20	50.0	62.7	58.4
Residents with bed sores.		1	2.5	6.6	7.1
Residents receiving special skin care.		3	7.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHEMUNG CO HEALTH CTR NURS FACILITY

Street Address:		City and State:	
HERITAGE PARK JOHN ST		ELMIRA NY 14901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	LOCAL GOVERNMENT	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
200	0	193	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	186	93.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	198	99.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	191	95.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	194	97.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	180	90.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	4	2.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	94	47.0	42.0	37.7
Completely bedfast residents.	8	4.0	1.9	3.4
Residents confined to chairs.	187	93.5	54.8	50.8
Residents requiring restraints.	147	73.5	47.2	41.3
Confused or disoriented residents.	151	75.5	62.7	58.4
Residents with bed sores.	14	7.0	6.6	7.1
Residents receiving special skin care.	70	35.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPHS HOSP EXTENDED CARE UNIT

Street Address: 555 E MARKET ST		City and State: ELMIRA NY 14902	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 31	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30		Medicare Residents: 0		Medicaid Residents: 0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				26	86.7	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				27	90.0	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				25	83.3	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				25	83.3	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				29	96.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				14	46.7	42.0	37.7
Completely bedfast residents.				2	6.7	1.9	3.4
Residents confined to chairs.				23	76.7	54.8	50.8
Residents requiring restraints.				6	20.0	47.2	41.3
Confused or disoriented residents.				29	96.7	62.7	58.4
Residents with bed sores.				2	6.7	6.6	7.1
Residents receiving special skin care.				30	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SULLIVAN PARK HEALTH CARE CENTER INC

Street Address: 301 NANTUCKET DRIVE		City and State: ENDICOTT NY 13760	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 56	Medicaid Residents: 2
--	----------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	55	56.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	86.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	76.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	78.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	62.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	41.8	42.0	37.7
Completely bedfast residents.	2	2.0	1.9	3.4
Residents confined to chairs.	63	64.3	54.8	50.8
Residents requiring restraints.	53	54.1	47.2	41.3
Confused or disoriented residents.	65	66.3	62.7	58.4
Residents with bed sores.	6	6.1	6.6	7.1
Residents receiving special skin care.	18	18.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CREST MANOR NH

Street Address:		City and State:	
6745 PITTSFORD PALMYRA RD		FAIRPORT NY 14450	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
78		0		40	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		74	94.9	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		72	92.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		68	87.2	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		71	91.0	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		66	84.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	19.2	42.0	37.7
Completely bedfast residents.		1	1.3	1.9	3.4
Residents confined to chairs.		58	74.4	54.8	50.8
Residents requiring restraints.		44	56.4	47.2	41.3
Confused or disoriented residents.		58	74.4	62.7	58.4
Residents with bed sores.		4	5.1	6.6	7.1
Residents receiving special skin care.		7	9.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRPORT BAPTIST HOME

Street Address:		City and State:	
4646 NINE MILE PT ROAD		FAIRPORT NY 14450	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	196	NON-PROFIT RELIGIOUS	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
193	1	112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	77.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	140	72.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	56.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	48.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	51.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	30.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	55	28.5	54.8	50.8
Residents requiring restraints.	74	38.3	47.2	41.3
Confused or disoriented residents.	92	47.7	62.7	58.4
Residents with bed sores.	9	4.7	6.6	7.1
Residents receiving special skin care.	54	28.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
NOT MET	54	9.5	201	2.1
MET	5	0.9	518	5.5
MET	2	0.4	168	1.8
MET	11	1.9	806	8.5
MET	13	2.3	1618	17.1
MET	3	0.5	36	0.4
MET	6	1.1	205	2.2
MET	0	0.0	30	0.3
MET	43	7.6	145	1.5
MET	1	0.2	49	0.5
MET	8	1.4	508	5.4
MET	16	2.8	2816	29.8
MET	11	1.9	1733	18.3
MET	13	2.3	1052	11.1
MET	8	1.4	1512	16.0
MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEZALEL NH

Street Address:		City and State:	
29-38 FAR ROCKAWAY BLVD		FAR ROCKAWAY NY 11691	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
113	0	112			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		57	50.4	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		55	48.7	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		45	39.8	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		89	78.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		46	40.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		12	10.6	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		40	35.4	54.8	50.8
Residents requiring restraints.		19	16.8	47.2	41.3
Confused or disoriented residents.		66	58.4	62.7	58.4
Residents with bed sores.		4	3.5	6.6	7.1
Residents receiving special skin care.		43	38.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROOKHAVEN BEACH HRF SNF SECT

Street Address:		City and State:	
250 BEACH 17TH ST		FAR ROCKAWAY NY 11691	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	298	PROPRIETARY	04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
280	0	257	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	260	92.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	205	73.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	144	51.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	52.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	126	45.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	21.8	42.0	37.7
Completely bedfast residents.	2	0.7	1.9	3.4
Residents confined to chairs.	124	44.3	54.8	50.8
Residents requiring restraints.	87	31.1	47.2	41.3
Confused or disoriented residents.	158	56.4	62.7	58.4
Residents with bed sores.	20	7.1	6.6	7.1
Residents receiving special skin care.	31	11.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAR ROCKAWAY NH

Street Address:		City and State:	
13-11 VIRGINIA ST		FAR ROCKAWAY NY 11691	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	100	PROPRIETARY	09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
100	3	97	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	82.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	83.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	84.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	80.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	65.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	37	37.0	54.8	50.8
Residents requiring restraints.	20	20.0	47.2	41.3
Confused or disoriented residents.	74	74.0	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	80	80.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAVEN MANOR HEALTH CARE CENTER

Street Address: 1441 GATEWAY BLVD		City and State: FAR ROCKAWAY NY 11691	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 240	Type of Ownership: PROPRIETARY	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 233	Medicare Residents: 3	Medicaid Residents: 229	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	163	70.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	119	51.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	139	59.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	44.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	24.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	7	3.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	13.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	23	9.9	54.8	50.8
Residents requiring restraints.	14	6.0	47.2	41.3
Confused or disoriented residents.	230	98.7	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	50	21.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	54	9.5	201	2.1
MET	5	0.9	518	5.5
MET	2	0.4	168	1.8
MET	11	1.9	806	8.5
MET	13	2.3	1618	17.1
MET	3	0.5	36	0.4
MET	6	1.1	205	2.2
MET	0	0.0	30	0.3
MET	43	7.6	145	1.5
MET	1	0.2	49	0.5
MET	8	1.4	508	5.4
MET	16	2.8	2816	29.8
MET	11	1.9	1733	18.3
MET	13	2.3	1052	11.1
MET	8	1.4	1512	16.0
MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OCEAN PROMENADE HRF

Street Address:		City and State:	
140 B 113TH ST		FAR ROCKAWAY NY 11694	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	89.1	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	45.4	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	9.2	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	5.9	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	20.2	21.0	59.1
Residents on individually written bowel and bladder retraining program.	13	10.9	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	19.3	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	25	21.0	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	0	0.0	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	17	14.3	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OCEANVIEW NH

Street Address:		City and State:	
315 BEACH 9TH ST		FAR ROCKAWAY NY 11691	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	PROPRIETARY	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	89.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	82.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	74.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	84.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	46.4	42.0	37.7
Completely bedfast residents.	1	1.0	1.9	3.4
Residents confined to chairs.	55	56.7	54.8	50.8
Residents requiring restraints.	48	49.5	47.2	41.3
Confused or disoriented residents.	88	90.7	62.7	58.4
Residents with bed sores.	6	6.2	6.6	7.1
Residents receiving special skin care.	50	51.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK NH

Street Address:		City and State:	
128 BEACH 115TH ST		FAR ROCKAWAY NY 11694	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	196	PROPRIETARY	01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
184	2	171			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		184	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		181	98.4	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		177	96.2	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		177	96.2	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		154	83.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		121	65.8	42.0	37.7
Completely bedfast residents.		3	1.6	1.9	3.4
Residents confined to chairs.		81	44.0	54.8	50.8
Residents requiring restraints.		168	91.3	47.2	41.3
Confused or disoriented residents.		174	94.6	62.7	58.4
Residents with bed sores.		15	8.2	6.6	7.1
Residents receiving special skin care.		184	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PENINSULA GENERAL NH

Street Address:		City and State:	
50-15 BEACH CHANNEL DR		FAR ROCKAWAY NY 11691	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	NON-PROFIT OTHER	09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
190	5	177

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	133	70.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	157	82.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	138	72.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	81.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	143	75.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	19	10.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	91	47.9	42.0	37.7
Completely bedfast residents.	2	1.1	1.9	3.4
Residents confined to chairs.	165	86.8	54.8	50.8
Residents requiring restraints.	91	47.9	47.2	41.3
Confused or disoriented residents.	125	65.8	62.7	58.4
Residents with bed sores.	15	7.9	6.6	7.1
Residents receiving special skin care.	58	30.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUEENS NASSAU NH

Street Address: 520 BEACH 19TH ST		City and State: FAR ROCKAWAY NY 11691	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 200	Type of Ownership: PROPRIETARY	Survey Date: 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 196	Medicare Residents: 0	Medicaid Residents: 0
---	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	167	85.2	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	173	88.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	153	78.1	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	72.4	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	150	76.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	28.6	42.0	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	142	72.4	54.8	50.8
Residents requiring restraints.	113	57.7	47.2	41.3
Confused or disoriented residents.	135	68.9	62.7	58.4
Residents with bed sores.	13	6.6	6.6	7.1
Residents receiving special skin care.	41	20.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RESORT NH

Street Address:		City and State:	
425 BEACH 67TH ST		FAR ROCKAWAY NY 11692	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	280	PROPRIETARY	03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
271	5	263			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	234	86.3	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	243	89.7	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	235	86.7	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	235	86.7	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	59	21.8	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	3	1.1	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	123	45.4	42.0	37.7	
Completely bedfast residents.	0	0.0	1.9	3.4	
Residents confined to chairs.	91	33.6	54.8	50.8	
Residents requiring restraints.	180	66.4	47.2	41.3	
Confused or disoriented residents.	180	66.4	62.7	58.4	
Residents with bed sores.	13	4.8	6.6	7.1	
Residents receiving special skin care.	61	22.5	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCKAWAY CARE CENTER

Street Address:		City and State:	
353 BEACH 48TH ST		FAR ROCKAWAY NY 11691	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	215	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
206	3	200			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		169	82.0	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		169	82.0	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		156	75.7	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	34.0	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		68	33.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		12	5.8	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		48	23.3	42.0	37.7
Completely bedfast residents.		1	0.5	1.9	3.4
Residents confined to chairs.		93	45.1	54.8	50.8
Residents requiring restraints.		47	22.8	47.2	41.3
Confused or disoriented residents.		178	86.4	62.7	58.4
Residents with bed sores.		20	9.7	6.6	7.1
Residents receiving special skin care.		82	39.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEAGIRT HRF

Street Address:		City and State:	
1410 SEAGIRT BLVD		FAR ROCKAWAY NY 11691	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	210	PROPRIETARY	07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
202	0	202

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	191	94.6	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	118	58.4	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	63	31.2	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	6.4	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	19.3	21.0	59.1
Residents on individually written bowel and bladder retraining program.	4	2.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	5.4	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	28	13.9	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	64	31.7	37.3	55.8
Residents with bed sores.	1	0.5	0.4	4.7
Residents receiving special skin care.	26	12.9	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOHN'S EPISCOPAL NH

Street Address:		City and State:	
17-11 BROOKHAVEN AVE		FAR ROCKAWAY NY 11691	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	163	NON-PROFIT OTHER	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
158		2		137	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		158	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		149	94.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		142	89.9	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		141	89.2	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		115	72.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.		2	1.3	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		40	25.3	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		111	70.3	54.8	50.8
Residents requiring restraints.		68	43.0	47.2	41.3
Confused or disoriented residents.		120	75.9	62.7	58.4
Residents with bed sores.		14	8.9	6.6	7.1
Residents receiving special skin care.		55	34.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SURFSIDE NH

Street Address:		City and State:	
22 35 44 NEW HAVEN AVE		FAR ROCKAWAY NY 11691	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	175	PROPRIETARY	03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
168	15	152

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	165	98.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	160	95.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	138	82.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	83.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	76.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	42.3	42.0	37.7
Completely bedfast residents.	13	7.7	1.9	3.4
Residents confined to chairs.	116	69.0	54.8	50.8
Residents requiring restraints.	78	46.4	47.2	41.3
Confused or disoriented residents.	154	91.7	62.7	58.4
Residents with bed sores.	14	8.3	6.6	7.1
Residents receiving special skin care.	135	80.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DALEVIEW NH

Street Address:		City and State:	
574 FULTON ST		FARMINGDALE NY 11735	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	142	PROPRIETARY	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
136	2	89	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	69.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	69.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	61.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	60.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	80.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	19	14.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	24.3	42.0	37.7
Completely bedfast residents.	8	5.9	1.9	3.4
Residents confined to chairs.	57	41.9	54.8	50.8
Residents requiring restraints.	67	49.3	47.2	41.3
Confused or disoriented residents.	95	69.9	62.7	58.4
Residents with bed sores.	14	10.3	6.6	7.1
Residents receiving special skin care.	40	29.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLIFFSIDE NH

Street Address:		City and State:	
119-19 GRAHAM COURT		FLUSHING NY 11354	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	220	PROPRIETARY	06/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
213	0	202

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	208	97.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	206	96.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	193	90.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	198	93.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	188	88.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	203	95.3	42.0	37.7
Completely bedfast residents.	4	1.9	1.9	3.4
Residents confined to chairs.	183	85.9	54.8	50.8
Residents requiring restraints.	137	64.3	47.2	41.3
Confused or disoriented residents.	178	83.6	62.7	58.4
Residents with bed sores.	4	1.9	6.6	7.1
Residents receiving special skin care.	116	54.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Infection control techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLLEGE NH

Street Address:		City and State:	
119-15 27TH AVE		FLUSHING NY 11354	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
192	2	174			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		166	86.5	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		181	94.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		165	85.9	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		165	85.9	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		164	85.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.		1	0.5	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		69	35.9	42.0	37.7
Completely bedfast residents.		2	1.0	1.9	3.4
Residents confined to chairs.		167	87.0	54.8	50.8
Residents requiring restraints.		148	77.1	47.2	41.3
Confused or disoriented residents.		138	71.9	62.7	58.4
Residents with bed sores.		23	12.0	6.6	7.1
Residents receiving special skin care.		83	43.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLUSHING MANOR CARE CENTER SNF

Street Address:		City and State:	
139-66 35TH AVE		FLUSHING NY 11354	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	278	PROPRIETARY	07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
269	3	229	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	266	98.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	221	82.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	184	68.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	187	69.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	168	62.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	86	32.0	42.0	37.7
completely bedfast residents.	7	2.6	1.9	3.4
Residents confined to chairs.	149	55.4	54.8	50.8
Residents requiring restraints.	146	54.3	47.2	41.3
Confused or disoriented residents.	178	66.2	62.7	58.4
Residents with bed sores.	7	2.6	6.6	7.1
Residents receiving special skin care.	169	62.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLUSHING MANOR NH

Street Address:		City and State:	
35-15 PARSONS BLVD		FLUSHING NY 11354	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	227	PROPRIETARY	07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
217	0	189

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	207	95.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	209	96.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	197	90.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	192	88.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	165	76.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	93	42.9	42.0	37.7
Completely bedfast residents.	6	2.8	1.9	3.4
Residents confined to chairs.	182	83.9	54.8	50.8
Residents requiring restraints.	166	76.5	47.2	41.3
Confused or disoriented residents.	166	76.5	62.7	58.4
Residents with bed sores.	6	2.8	6.6	7.1
Residents receiving special skin care.	11	5.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRANKLIN NH

Street Address:		City and State:	
142-27 FRANKLIN AVE		FLUSHING NY 11355	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	320	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
304	5	272			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		297	97.7	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		294	96.7	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		270	88.8	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		276	90.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		245	80.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.		2	0.7	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		165	54.3	42.0	37.7
Completely bedfast residents.		4	1.3	1.9	3.4
Residents confined to chairs.		221	72.7	54.8	50.8
Residents requiring restraints.		206	67.8	47.2	41.3
Confused or disoriented residents.		242	79.6	62.7	58.4
Residents with bed sores.		21	6.9	6.6	7.1
Residents receiving special skin care.		176	57.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LONG ISLAND NH

Street Address:		City and State:	
144 61 38 AVE		FLUSHING NY 11354	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
186	3	179			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		169	90.9	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		159	85.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		145	78.0	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		137	73.7	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		141	75.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.		11	5.9	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		53	28.5	42.0	37.7
Completely bedfast residents.		4	2.2	1.9	3.4
Residents confined to chairs.		158	84.9	54.8	50.8
Residents requiring restraints.		102	54.8	47.2	41.3
Confused or disoriented residents.		97	52.2	62.7	58.4
Residents with bed sores.		10	5.4	6.6	7.1
Residents receiving special skin care.		81	43.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOW PARK NH

Street Address:		City and State:	
78-10 164TH ST		FLUSHING NY 11366	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	143	PROPRIETARY	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
141	1	136		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	99.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	127	90.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	120	85.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	85.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	74.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.1	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	37.6	42.0	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	114	80.9	54.8	50.8
Residents requiring restraints.	82	58.2	47.2	41.3
Confused or disoriented residents.	110	78.0	62.7	58.4
Residents with bed sores.	3	2.1	6.6	7.1
Residents receiving special skin care.	141	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OZANAM HALL

Street Address:		City and State:	
42-41 201ST ST		FLUSHING NY 11692	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	432	NON-PROFIT OTHER	08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
432		4		367	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		356	82.4	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		300	69.4	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		328	75.9	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		315	72.9	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		309	71.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.		14	3.2	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		149	34.5	42.0	37.7
Completely bedfast residents.		8	1.9	1.9	3.4
Residents confined to chairs.		240	55.6	54.8	50.8
Residents requiring restraints.		246	56.9	47.2	41.3
Confused or disoriented residents.		250	57.9	62.7	58.4
Residents with bed sores.		24	5.6	6.6	7.1
Residents receiving special skin care.		230	53.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGO PARK NH

Street Address:		City and State:	
111-26 CORONA AVE		FLUSHING NY 11374	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
189	2	157			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		188	99.5	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		185	97.9	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		175	92.6	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		177	93.7	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		148	78.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		95	50.3	42.0	37.7
Completely bedfast residents.		2	1.1	1.9	3.4
Residents confined to chairs.		175	92.6	54.8	50.8
Residents requiring restraints.		117	61.9	47.2	41.3
Confused or disoriented residents.		140	74.1	62.7	58.4
Residents with bed sores.		14	7.4	6.6	7.1
Residents receiving special skin care.		22	11.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VAN DOREN NH

Street Address: 59-20 VAN DOREN ST		City and State: FLUSHING NY 11374	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 200	Type of Ownership: PROPRIETARY	Survey Date: 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 193	Medicare Residents: 3	Medicaid Residents: 181		
---	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	187	96.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	181	93.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	174	90.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	190	98.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	167	86.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	114	59.1	42.0	37.7
Completely bedfast residents.	5	2.6	1.9	3.4
Residents confined to chairs.	178	92.2	54.8	50.8
Residents requiring restraints.	147	76.2	47.2	41.3
Confused or disoriented residents.	154	79.8	62.7	58.4
Residents with bed sores.	9	4.7	6.6	7.1
Residents receiving special skin care.	184	95.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRVIEW NH

Street Address:		City and State:	
69-70 GRAND CENTRAL PARKWAY		FOREST HILLS NY 11375	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
193	10	175		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	162	83.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	164	85.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	146	75.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	75.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	135	69.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	127	65.8	42.0	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	139	72.0	54.8	50.8
Residents requiring restraints.	116	60.1	47.2	41.3
Confused or disoriented residents.	129	66.8	62.7	58.4
Residents with bed sores.	10	5.2	6.6	7.1
Residents receiving special skin care.	58	30.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOREST HILLS NH

Street Address:		City and State:	
71-44 YELLOWSTONE BLVD		FOREST HILLS NY 11375	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	100	PROPRIETARY	05/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
100	2	79			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		77	77.0	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		95	95.0	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		90	90.0	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		89	89.0	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		91	91.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		18	18.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		51	51.0	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		78	78.0	54.8	50.8
Residents requiring restraints.		61	61.0	47.2	41.3
Confused or disoriented residents.		31	31.0	62.7	58.4
Residents with bed sores.		5	5.0	6.6	7.1
Residents receiving special skin care.		85	85.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOREST VIEW NH

Street Address:		City and State:	
7120 110TH ST		FOREST HILLS NY 11375	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	159	PROPRIETARY	11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
155	120	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	1.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	140	90.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	133	85.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	83.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	126	81.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	4	2.6	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	43.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	116	74.8	54.8	50.8
Residents requiring restraints.	103	66.5	47.2	41.3
Confused or disoriented residents.	141	91.0	62.7	58.4
Residents with bed sores.	6	3.9	6.6	7.1
Residents receiving special skin care.	97	62.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FORT HUDSON NH

Street Address:		City and State:	
UPPER BROADWAY		FORT EDWARD NY 12828	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	NON-PROFIT OTHER	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
155	2	114			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		108	69.7	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		115	74.2	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		106	68.4	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		115	74.2	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		87	56.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		49	31.6	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		73	47.1	54.8	50.8
Residents requiring restraints.		51	32.9	47.2	41.3
Confused or disoriented residents.		64	41.3	62.7	58.4
Residents with bed sores.		5	3.2	6.6	7.1
Residents receiving special skin care.		11	7.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRANKLIN PARK NH

Street Address:		City and State:	
135 FRANKLIN AVE		FRANKLIN SQUARE NY 11010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	150	PROPRIETARY	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
145	2	117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	145	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	142	97.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	137	94.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	97.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	77.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	25	17.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	44.1	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	88	60.7	54.8	50.8
Residents requiring restraints.	87	60.0	47.2	41.3
Confused or disoriented residents.	70	48.3	62.7	58.4
Residents with bed sores.	10	6.9	6.6	7.1
Residents receiving special skin care.	145	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTH SHORE NH

Street Address:		City and State:	
275 W MERRICK RD		FREEPORT NY 11520	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
99	3	70			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		99	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		99	100	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		92	92.9	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		88	88.9	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		77	77.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		91	91.9	42.0	37.7
Completely bedfast residents.		11	11.1	1.9	3.4
Residents confined to chairs.		77	77.8	54.8	50.8
Residents requiring restraints.		67	67.7	47.2	41.3
Confused or disoriented residents.		65	65.7	62.7	58.4
Residents with bed sores.		20	20.2	6.6	7.1
Residents receiving special skin care.		3	3.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANDREW MICHAUD NH

Street Address:		City and State:	
450 SO FOURTH ST		FULTON NY 13069	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	89	LOCAL GOVERNMENT	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	96.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	97.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	97.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	88.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	66.3	42.0	37.7
Completely bedfast residents.	1	1.1	1.9	3.4
Residents confined to chairs.	86	96.6	54.8	50.8
Residents requiring restraints.	64	71.9	47.2	41.3
Confused or disoriented residents.	64	71.9	62.7	58.4
Residents with bed sores.	12	13.5	6.6	7.1
Residents receiving special skin care.	41	46.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNITED CHURCH COLONY HOMES INC

Street Address:		City and State:	
4540 LINCOLN DR ROYALTON		GASPORT NY 14067	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	83	NON-PROFIT RELIGIOUS	02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
77	2	58			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		69	89.6	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		77	100	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		73	94.8	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	97.4	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		65	84.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		35	45.5	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		48	62.3	54.8	50.8
Residents requiring restraints.		57	74.0	47.2	41.3
Confused or disoriented residents.		61	79.2	62.7	58.4
Residents with bed sores.		7	9.1	6.6	7.1
Residents receiving special skin care.		2	2.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIVINGSTON CO SNF

Street Address:		City and State:	
4223 LAKEVILLE RD		GENESEO NY 14454	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	126	LOCAL GOVERNMENT	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
126	2	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	93.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	123	97.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	118	93.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	93.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	77.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	13	10.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	34.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	94	74.6	54.8	50.8
Residents requiring restraints.	42	33.3	47.2	41.3
Confused or disoriented residents.	87	69.0	62.7	58.4
Residents with bed sores.	9	7.1	6.6	7.1
Residents receiving special skin care.	40	31.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GENEVA GENERAL HOSP NH

Street Address:		City and State:	
196-198 NORTH ST		GENEVA NY 14456	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	101	NON-PROFIT PRIVATE	06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
101	0	87			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		67	66.3	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		68	67.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		65	64.4	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		59	58.4	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		62	61.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.		4	4.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		22	21.8	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		38	37.6	54.8	50.8
Residents requiring restraints.		24	23.8	47.2	41.3
Confused or disoriented residents.		46	45.5	62.7	58.4
Residents with bed sores.		8	7.9	6.6	7.1
Residents receiving special skin care.		34	33.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GENEVA GENERAL HOSP PCU

Street Address:		City and State:	
196 NORTH ST		GENEVA NY 14456	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	42	NON-PROFIT PRIVATE	06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	3	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	85.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	97.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	95.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	83.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	59.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	24	57.1	54.8	50.8
Residents requiring restraints.	18	42.9	47.2	41.3
Confused or disoriented residents.	21	50.0	62.7	58.4
Residents with bed sores.	4	9.5	6.6	7.1
Residents receiving special skin care.	4	9.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GERRY NH

Street Address:		City and State:	
		GERRY NY 14740	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
117	0	101		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		116	99.1	86.3
Dressing				
Residents requiring some or total assistance in dressing.		87	74.4	84.2
Toileting				
Residents requiring some or total assistance in toileting.		77	65.8	75.9
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		77	65.8	78.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		79	67.5	70.4
Residents on individually written bowel and bladder retraining program.		17	14.5	2.5
Eating				
Residents receiving tube feedings or requiring assistance with eating.		39	33.3	42.0
Completely bedfast residents.		3	2.6	1.9
Residents confined to chairs.		46	39.3	54.8
Residents requiring restraints.		48	41.0	47.2
Confused or disoriented residents.		57	48.7	62.7
Residents with bed sores.		5	4.3	6.6
Residents receiving special skin care.		85	72.6	38.6

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NIAGARA FRONTIER METHODIST HOME

Street Address:		City and State:	
2235 MILLERSPORT HIGHWAY		GETZVILLE NY 14068	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	157	NON-PROFIT RELIGIOUS	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
141	0	17			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	44	31.2	69.8	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	9	6.4	48.6	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	5	3.5	23.6	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	34.0	23.6	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	11	7.8	21.0	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	1	0.7	10.3	29.3	
Completely bedfast residents.	0	0.0	0.6	3.6	
Residents confined to chairs.	0	0.0	11.2	39.1	
Residents requiring restraints.	0	0.0	3.0	31.7	
Confused or disoriented residents.	30	21.3	37.3	55.8	
Residents with bed sores.	1	0.7	0.4	4.7	
Residents receiving special skin care.	25	17.7	11.5	24.0	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NIAGARA FRONTIER NH INC

Street Address:		City and State:	
100 STAHL RD		GETZVILLE NY 14068	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	NON-PROFIT OTHER	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
117	3	64			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		114	97.4	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		115	98.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		110	94.0	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		108	92.3	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		100	85.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		52	44.4	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		64	54.7	54.8	50.8
Residents requiring restraints.		87	74.4	47.2	41.3
Confused or disoriented residents.		80	68.4	62.7	58.4
Residents with bed sores.		8	6.8	6.6	7.1
Residents receiving special skin care.		102	87.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOREST MANOR H R F

Street Address: 6 MEDICAL PLAZA		City and State: GLEN COVE NY 11542	
Participation: MEDICAID ICF	# of Beds: 148	Type of Ownership: PROPRIETARY	Survey Date: 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 148	Medicare Residents: 0	Medicaid Residents: 121
---	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	139	93.9	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	35.1	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	23.0	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	8.1	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	17.6	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	5.4	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	27	18.2	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	53	35.8	37.3	55.8
Residents with bed sores.	1	0.7	0.4	4.7
Residents receiving special skin care.	29	19.6	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLENGARIFF NH

Street Address:		City and State:	
DOSORIS LANE		GLEN COVE NY 11542	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	262	PROPRIETARY	11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
251		11		134	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		194	77.3	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		229	91.2	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		180	71.7	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		185	73.7	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		157	62.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		194	77.3	42.0	37.7
Completely bedfast residents.		4	1.6	1.9	3.4
Residents confined to chairs.		162	64.5	54.8	50.8
Residents requiring restraints.		134	53.4	47.2	41.3
Confused or disoriented residents.		169	67.3	62.7	58.4
Residents with bed sores.		5	2.0	6.6	7.1
Residents receiving special skin care.		9	3.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONTCLAIR NH

Street Address:		City and State:	
2 MEDICAL PLAZA		GLEN COVE NY 11542	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	102	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	99.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	85.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	94.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	85.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	79.6	42.0	37.7
Completely bedfast residents.	2	2.0	1.9	3.4
Residents confined to chairs.	65	66.3	54.8	50.8
Residents requiring restraints.	73	74.5	47.2	41.3
Confused or disoriented residents.	77	78.6	62.7	58.4
Residents with bed sores.	2	2.0	6.6	7.1
Residents receiving special skin care.	19	19.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW GLEN OAKS NH

Street Address:		City and State:	
260-01 79TH AVE		GLEN OAKS NY 11004	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	60	PROPRIETARY	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
58	3	50			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		58	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		57	98.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		53	91.4	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		58	100	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	86.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.		1	1.7	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		50	86.2	42.0	37.7
Completely bedfast residents.		3	5.2	1.9	3.4
Residents confined to chairs.		38	65.5	54.8	50.8
Residents requiring restraints.		42	72.4	47.2	41.3
Confused or disoriented residents.		48	82.8	62.7	58.4
Residents with bed sores.		3	5.2	6.6	7.1
Residents receiving special skin care.		53	91.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDEN PARK NH

Street Address:		City and State:	
170 WARREN ST		GLENS FALLS NY 12801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	116	PROPRIETARY	08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	2	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	78.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	78.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	69.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	86.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	59.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	64.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	83	72.8	54.8	50.8
Residents requiring restraints.	67	58.8	47.2	41.3
Confused or disoriented residents.	66	57.9	62.7	58.4
Residents with bed sores.	1	0.9	6.6	7.1
Residents receiving special skin care.	62	54.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HALLMARK NURSING CENTER

Street Address:		City and State:	
152 SHERMAN AVE		GLENS FALLS NY 12801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
78	1	48		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	87.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	93.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	92.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	71.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	3.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	60.3	42.0	37.7
Completely bedfast residents.	1	1.3	1.9	3.4
Residents confined to chairs.	34	43.6	54.8	50.8
Residents requiring restraints.	24	30.8	47.2	41.3
Confused or disoriented residents.	47	60.3	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	38	48.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTMOUNT INFIRMARY

Street Address:		City and State:	
RD 2 GURNEY LANE		GLENS FALLS NY 12801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	LOCAL GOVERNMENT	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
80	0	75	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	76	95.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	96.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	87.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	90.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	83.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	51.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	59	73.7	54.8	50.8
Residents requiring restraints.	56	70.0	47.2	41.3
Confused or disoriented residents.	60	75.0	62.7	58.4
Residents with bed sores.	1	1.2	6.6	7.1
Residents receiving special skin care.	12	15.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FULTON CO HOME AND INFIRMARY

Street Address:		City and State:	
PHELPS ST EXTENSION		GLOVERSVILLE NY 12078	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	176	LOCAL GOVERNMENT	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
176	6	164			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		125	71.0	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		152	86.4	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		118	67.0	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		176	100	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		113	64.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		42	23.9	42.0	37.7
Completely bedfast residents.		1	0.6	1.9	3.4
Residents confined to chairs.		57	32.4	54.8	50.8
Residents requiring restraints.		54	30.7	47.2	41.3
Confused or disoriented residents.		79	44.9	62.7	58.4
Residents with bed sores.		5	2.8	6.6	7.1
Residents receiving special skin care.		47	26.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLOVERSVILLE EXT CARE & NH INC

Street Address:		City and State:	
99 EAST STATE ST		GLOVERSVILLE NY 12078	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	84	NON-PROFIT OTHER	03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
83	0	72		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		79	95.2	86.3
Dressing				
Residents requiring some or total assistance in dressing.		82	98.8	84.2
Toileting				
Residents requiring some or total assistance in toileting.		75	90.4	75.9
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		77	92.8	78.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		60	72.3	70.4
Residents on individually written bowel and bladder retraining program.		1	1.2	2.5
Eating				
Residents receiving tube feedings or requiring assistance with eating.		35	42.2	42.0
Completely bedfast residents.		2	2.4	1.9
Residents confined to chairs.		76	91.6	54.8
Residents requiring restraints.		55	66.3	47.2
Confused or disoriented residents.		55	66.3	62.7
Residents with bed sores.		5	6.0	6.6
Residents receiving special skin care.		22	26.5	38.6

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARDEN HILL LIFE CARE CENTER NH

Street Address: HARRIMAN DR		City and State: GOSHEN NY 10924	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 1	Medicaid Residents: 70	
---	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	87.9	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	96	82.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	86	74.1	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	74.1	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	77.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	24.1	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	49	42.2	54.8	50.8
Residents requiring restraints.	33	28.4	47.2	41.3
Confused or disoriented residents.	87	75.0	62.7	58.4
Residents with bed sores.	9	7.8	6.6	7.1
Residents receiving special skin care.	34	29.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ORANGE COUNTY NH

Street Address: BOX 59		City and State: GOSHEN NY 10924	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 500	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 473	Medicare Residents: 4	Medicaid Residents: 454	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	415	87.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	400	84.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	405	85.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	391	82.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	390	82.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	166	35.1	42.0	37.7
Completely bedfast residents.	11	2.3	1.9	3.4
Residents confined to chairs.	371	78.4	54.8	50.8
Residents requiring restraints.	240	50.7	47.2	41.3
Confused or disoriented residents.	247	52.2	62.7	58.4
Residents with bed sores.	44	9.3	6.6	7.1
Residents receiving special skin care.	182	38.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KINNEY NH

Street Address: 57 WEST BARNEY ST		City and State: GOUVERNEUR NY 13642	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 40	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
40	1	35			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		39	97.5	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		39	97.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		37	92.5	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		36	90.0	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		28	70.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		12	30.0	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		22	55.0	54.8	50.8
Residents requiring restraints.		22	55.0	47.2	41.3
Confused or disoriented residents.		21	52.5	62.7	58.4
Residents with bed sores.		1	2.5	6.6	7.1
Residents receiving special skin care.		13	32.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOWANDA NH

Street Address:		City and State:	
100 MILLER ST		GOWANDA NY 14070	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
111		1		83	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		90	81.1	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		96	86.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		82	73.9	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		111	100	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		68	61.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	27.0	42.0	37.7
Completely bedfast residents.		2	1.8	1.9	3.4
Residents confined to chairs.		30	27.0	54.8	50.8
Residents requiring restraints.		38	34.2	47.2	41.3
Confused or disoriented residents.		38	34.2	62.7	58.4
Residents with bed sores.		6	5.4	6.6	7.1
Residents receiving special skin care.		28	25.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAND ISLAND MANOR NH

Street Address:		City and State:	
2850 GRAND ISLAND BLVD		GRAND ISLAND NY 14072	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
78	1	55	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	85.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	94.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	89.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	93.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	73.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	41.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	56	71.8	54.8	50.8
Residents requiring restraints.	50	64.1	47.2	41.3
Confused or disoriented residents.	62	79.5	62.7	58.4
Residents with bed sores.	8	10.3	6.6	7.1
Residents receiving special skin care.	77	98.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE INDIAN RIVER NH & HRF INC

Street Address: 17 MADISON ST		City and State: GRANVILLE NY 12832	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 80	Type of Ownership: PROPRIETARY	Survey Date: 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 3	Medicaid Residents: 54
--	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	79.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	81.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	60.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	78.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	69.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	45.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	50	63.3	54.8	50.8
Residents requiring restraints.	40	50.6	47.2	41.3
Confused or disoriented residents.	50	63.3	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	12	15.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRACE PLAZA OF GREAT NECK

Street Address:		City and State:	
15 ST PAULS PLACE		GREAT NECK NY 11021	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	214	PROPRIETARY	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
207		3		94	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		207	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		179	86.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		163	78.7	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		161	77.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		140	67.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		121	58.5	42.0	37.7
Completely bedfast residents.		6	2.9	1.9	3.4
Residents confined to chairs.		99	47.8	54.8	50.8
Residents requiring restraints.		135	65.2	47.2	41.3
Confused or disoriented residents.		156	75.4	62.7	58.4
Residents with bed sores.		14	6.8	6.6	7.1
Residents receiving special skin care.		117	56.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEDGEWOOD NH

Street Address:		City and State:	
199 COMMUNITY DRIVE		GREAT NECK NY 11021	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
197	5	161

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	184	93.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	187	94.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	166	84.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	163	82.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	175	88.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	125	63.5	42.0	37.7
Completely bedfast residents.	7	3.6	1.9	3.4
Residents confined to chairs.	161	81.7	54.8	50.8
Residents requiring restraints.	125	63.5	47.2	41.3
Confused or disoriented residents.	155	78.7	62.7	58.4
Residents with bed sores.	17	8.6	6.6	7.1
Residents receiving special skin care.	62	31.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FENTON PARK HRF

Street Address:		City and State:	
ROUTE 430		GREENHURST NY 14742	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	100	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
95	0	80		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	92.6	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	50.5	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	15.8	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	21.1	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	10.5	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	3.2	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	60	63.2	37.3	55.8
Residents with bed sores.	1	1.1	0.4	4.7
Residents receiving special skin care.	0	0.0	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAN SIMEON BY THE SOUND INC NH

Street Address:		City and State:	
NORTH ROAD RTE 27A		GREENPORT NY 11944	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	NON-PROFIT OTHER	07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
150	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	79.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	116	77.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	64.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	62.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	69.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	25.3	42.0	37.7
Completely bedfast residents.	7	4.7	1.9	3.4
Residents confined to chairs.	82	54.7	54.8	50.8
Residents requiring restraints.	68	45.3	47.2	41.3
Confused or disoriented residents.	104	69.3	62.7	58.4
Residents with bed sores.	7	4.7	6.6	7.1
Residents receiving special skin care.	18	12.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	54	9.5	201	2.1
MET	5	0.9	518	5.5
MET	2	0.4	168	1.8
MET	11	1.9	806	8.5
MET	13	2.3	1618	17.1
MET	3	0.5	36	0.4
MET	6	1.1	205	2.2
MET	0	0.0	30	0.3
MET	43	7.6	145	1.5
MET	1	0.2	49	0.5
MET	8	1.4	508	5.4
MET	16	2.8	2816	29.8
MET	11	1.9	1733	18.3
MET	13	2.3	1052	11.1
MET	8	1.4	1512	16.0
MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

GROTON COMMUNITY HEALTH CARE CENTER

Street Address:		City and State:	
120 SYKES ST		GROTON NY 13073	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	NON-PROFIT PRIVATE	04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
77	0	67	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	97.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	97.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	68.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	81.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	59.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	16.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	22	28.6	54.8	50.8
Residents requiring restraints.	30	39.0	47.2	41.3
Confused or disoriented residents.	39	50.6	62.7	58.4
Residents with bed sores.	1	1.3	6.6	7.1
Residents receiving special skin care.	23	29.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GUILDERLAND CENTER NH

Street Address: 127 MAIN STREET		City and State: GUILDERLAND CENTER NY 12085	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 127	Type of Ownership: PROPRIETARY	Survey Date: 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	Medicare Residents: 0	Medicaid Residents: 50
---	-------------------------------------	--------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	107	86.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	116	93.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	86.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	87.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	75.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	38.7	42.0	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	62	50.0	54.8	50.8
Residents requiring restraints.	67	54.0	47.2	41.3
Confused or disoriented residents.	90	72.6	62.7	58.4
Residents with bed sores.	8	6.5	6.6	7.1
Residents receiving special skin care.	124	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUTUMN VIEW MANOR

Street Address:		City and State:	
S 4650 SOUTHWESTERN BLVD		HAMBURG NY 14075	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
152	5	90		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	79.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	87.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	79.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	71.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	67.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	32.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	110	72.4	54.8	50.8
Residents requiring restraints.	82	53.9	47.2	41.3
Confused or disoriented residents.	97	63.8	62.7	58.4
Residents with bed sores.	15	9.9	6.6	7.1
Residents receiving special skin care.	41	27.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMBURG HEALTH CARE CENTER INC

Street Address: S 5575 MAELOU DR		City and State: HAMBURG NY 14075	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 152	Medicare Residents: 6	Medicaid Residents: 97
---	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	141	92.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	125	82.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	71.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	73.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	54.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	37.5	42.0	37.7
Completely bedfast residents.	2	1.3	1.9	3.4
Residents confined to chairs.	61	40.1	54.8	50.8
Residents requiring restraints.	60	39.5	47.2	41.3
Confused or disoriented residents.	64	42.1	62.7	58.4
Residents with bed sores.	8	5.3	6.6	7.1
Residents receiving special skin care.	98	64.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence c deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMMUNITY MEMORIAL HOSP-ECF

Street Address:		City and State:	
150 BROAD ST		HAMILTON NY 13346	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	NON-PROFIT OTHER	07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
39	0	30		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	79.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	94.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	87.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	87.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	23.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	53.8	42.0	37.7
Completely bedfast residents.	4	10.3	1.9	3.4
Residents confined to chairs.	25	64.1	54.8	50.8
Residents requiring restraints.	18	46.2	47.2	41.3
Confused or disoriented residents.	15	38.5	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	12	30.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

COMMUNITY GENERAL HOSP OF SULLIVAN CO

Street Address:		City and State:	
BUSHVILLE ROAD		HARRIS NY 12742	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	1	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	59.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	31	79.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	76.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	84.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	84.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	5.1	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	35.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	29	74.4	54.8	50.8
Residents requiring restraints.	27	69.2	47.2	41.3
Confused or disoriented residents.	18	46.2	62.7	58.4
Residents with bed sores.	3	7.7	6.6	7.1
Residents receiving special skin care.	30	76.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERSIDE NH

Street Address:		City and State:	
RT 9W 87 SOUTH		HAVERSTRAW NY 10927	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	100	PROPRIETARY	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
98	3	95		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	96.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	85.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	78.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	96.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	76.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	42.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	53	54.1	54.8	50.8
Residents requiring restraints.	41	41.8	47.2	41.3
Confused or disoriented residents.	60	61.2	62.7	58.4
Residents with bed sores.	5	5.1	6.6	7.1
Residents receiving special skin care.	81	82.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

RUTH TAYLOR NH

Street Address:		City and State:	
25 BRADHURST AVE		HAWTHORNE NY 10532	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	400	LOCAL GOVERNMENT	03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
385	4	370			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	292	75.8	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	270	70.1	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	247	64.2	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	261	67.8	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	237	61.6	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	1	0.3	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	121	31.4	42.0	37.7	
Completely bedfast residents.	9	2.3	1.9	3.4	
Residents confined to chairs.	182	47.3	54.8	50.8	
Residents requiring restraints.	159	41.3	47.2	41.3	
Confused or disoriented residents.	213	55.3	62.7	58.4	
Residents with bed sores.	26	6.8	6.6	7.1	
Residents receiving special skin care.	130	33.8	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEMPSTEAD PARK NH

Street Address: 800 FRONT ST		City and State: HEMPSTEAD NY 11551	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 240	Type of Ownership: PROPRIETARY	Survey Date: 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 236	Medicare Residents: 11	Medicaid Residents: 192
---	----------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	162	68.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	223	94.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	223	94.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	223	94.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	206	87.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	5	2.1	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	101	42.8	42.0	37.7
Completely bedfast residents.	5	2.1	1.9	3.4
Residents confined to chairs.	139	58.9	54.8	50.8
Residents requiring restraints.	176	74.6	47.2	41.3
Confused or disoriented residents.	203	86.0	62.7	58.4
Residents with bed sores.	10	4.2	6.6	7.1
Residents receiving special skin care.	173	73.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAYFAIR NH

Street Address:		City and State:	
100 BALDWIN RD		HEMPSTEAD NY 11550	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
198	3	151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	192	97.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	187	94.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	188	94.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	180	90.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	168	84.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	23.2	42.0	37.7
Completely bedfast residents.	5	2.5	1.9	3.4
Residents confined to chairs.	176	88.9	54.8	50.8
Residents requiring restraints.	20	10.1	47.2	41.3
Confused or disoriented residents.	173	87.4	62.7	58.4
Residents with bed sores.	10	5.1	6.6	7.1
Residents receiving special skin care.	198	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOLTS HOME

Street Address:		City and State:	
104 N WASHINGTON ST		HERKIMER NY 13350	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	124	NON-PROFIT RELIGIOUS	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
124	0	93		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	68.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	72.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	62.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	68.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	81.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	25.8	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	52	41.9	54.8	50.8
Residents requiring restraints.	51	41.1	47.2	41.3
Confused or disoriented residents.	66	53.2	62.7	58.4
Residents with bed sores.	3	2.4	6.6	7.1
Residents receiving special skin care.	24	19.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY HEALTH SERVICES INC

Street Address:		City and State:	
690 W GERMAN ST		HERKIMER NY 13350	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	128	NON-PROFIT OTHER	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
123	2	96	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	90.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	116	94.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	88.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	87.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	69.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	9	7.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	24.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	59	48.0	54.8	50.8
Residents requiring restraints.	42	34.1	47.2	41.3
Confused or disoriented residents.	69	56.1	62.7	58.4
Residents with bed sores.	6	4.9	6.6	7.1
Residents receiving special skin care.	26	21.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HUDSON VALLEY NH

Street Address:		City and State:	
VINEYARD AVE		HIGHLAND NY 12528	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	194	PROPRIETARY	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
185		6		131	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		160	86.5	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		147	79.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		128	69.2	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		131	70.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		158	85.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		53	28.6	42.0	37.7
Completely bedfast residents.		2	1.1	1.9	3.4
Residents confined to chairs.		125	67.6	54.8	50.8
Residents requiring restraints.		95	51.4	47.2	41.3
Confused or disoriented residents.		110	59.5	62.7	58.4
Residents with bed sores.		10	5.4	6.6	7.1
Residents receiving special skin care.		126	68.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLLIS PARK MANOR NH

Street Address:		City and State:	
191-06 HILLSIDE AVE		HOLLIS NY 11423	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	1	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	98.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	88.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	90.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	82.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	82.9	42.0	37.7
Completely bedfast residents.	5	6.6	1.9	3.4
Residents confined to chairs.	53	69.7	54.8	50.8
Residents requiring restraints.	48	63.2	47.2	41.3
Confused or disoriented residents.	38	50.0	62.7	58.4
Residents with bed sores.	3	3.9	6.6	7.1
Residents receiving special skin care.	15	19.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence, deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KENT N.H.

Street Address: LUDINGTONVILLE ROAD		City and State: HOLMES NY 12531	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	Medicare Residents: 7	Medicaid Residents: 125	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	144	92.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	145	93.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	139	89.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	90.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	127	81.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	37.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	143	92.3	54.8	50.8
Residents requiring restraints.	103	66.5	47.2	41.3
Confused or disoriented residents.	116	74.8	62.7	58.4
Residents with bed sores.	12	7.7	6.6	7.1
Residents receiving special skin care.	53	34.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOOSICK FALLS HEALTH CENTER

Street Address:		City and State:	
21 DANFORTH ST POB 100		HOOSICK FALLS NY 12090	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	41	NON-PROFIT OTHER	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
41	0	34	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	19.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	90.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	85.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	73.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	7.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	41.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	32	78.0	54.8	50.8
Residents requiring restraints.	27	65.9	47.2	41.3
Confused or disoriented residents.	29	70.7	62.7	58.4
Residents with bed sores.	1	2.4	6.6	7.1
Residents receiving special skin care.	9	22.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HORNELL NH

Street Address: 434 MONROE AVE		City and State: HORNELL NY 14843	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 114	Type of Ownership: PROPRIETARY	Survey Date: 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105		Medicare Residents: 0		Medicaid Residents: 80			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				87	82.9	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				88	83.8	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				70	66.7	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				72	68.6	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				59	56.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				46	43.8	42.0	37.7
Completely bedfast residents.				0	0.0	1.9	3.4
Residents confined to chairs.				71	67.6	54.8	50.8
Residents requiring restraints.				32	30.5	47.2	41.3
Confused or disoriented residents.				58	55.2	62.7	58.4
Residents with bed sores.				8	7.6	6.6	7.1
Residents receiving special skin care.				51	48.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHANY NH

Street Address: 751 WATKINS RD		City and State: HORSEHEADS NY 14845	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 80	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 0	Medicaid Residents: 0
--	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	95.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	35.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	87.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	98.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	87.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	22.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	55	68.8	54.8	50.8
Residents requiring restraints.	36	45.0	47.2	41.3
Confused or disoriented residents.	53	66.2	62.7	58.4
Residents with bed sores.	2	2.5	6.6	7.1
Residents receiving special skin care.	51	63.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELCOR MARRIOT MANOR

Street Address: 108 COLONIAL DR		City and State: HORSEHEADS NY 14845	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 87	
---	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	80.8	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	76	63.3	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	55	45.8	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	62.5	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	73.3	21.0	59.1
Residents on individually written bowel and bladder retraining program.	29	24.2	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	10.0	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	12	10.0	11.2	39.1
Residents requiring restraints.	1	0.8	3.0	31.7
Confused or disoriented residents.	42	35.0	37.3	55.8
Residents with bed sores.	2	1.7	0.4	4.7
Residents receiving special skin care.	17	14.2	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELCOR NH

Street Address:		City and State:	
110 COLONIAL DR		HORSEHEADS NY 14845	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	223	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
103	2	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	97.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	97.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	98.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	97.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	91.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	82	79.6	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	80.6	42.0	37.7
Completely bedfast residents.	1	1.0	1.9	3.4
Residents confined to chairs.	98	95.1	54.8	50.8
Residents requiring restraints.	81	78.6	47.2	41.3
Confused or disoriented residents.	87	84.5	62.7	58.4
Residents with bed sores.	3	2.9	6.6	7.1
Residents receiving special skin care.	37	35.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	54	9.5	201	2.1
MET	5	0.9	518	5.5
MET	2	0.4	168	1.8
MET	11	1.9	806	8.5
MET	13	2.3	1618	17.1
MET	3	0.5	36	0.4
MET	6	1.1	205	2.2
MET	0	0.0	30	0.3
MET	43	7.6	145	1.5
MET	1	0.2	49	0.5
MET	8	1.4	508	5.4
MET	16	2.8	2816	29.8
MET	11	1.9	1733	18.3
MET	13	2.3	1052	11.1
MET	8	1.4	1512	16.0
MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

HOUGHTON NURSING CARE CENTER INC

Street Address:		City and State:	
RD 1 BOX G12		HOUGHTON NY 14744	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
80	0	60		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	91.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	87.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	70.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	71.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	58.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	47.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	38	47.5	54.8	50.8
Residents requiring restraints.	30	37.5	47.2	41.3
Confused or disoriented residents.	37	46.2	62.7	58.4
Residents with bed sores.	4	5.0	6.6	7.1
Residents receiving special skin care.	5	6.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDEN PARK NH

Street Address:		City and State:	
30 PROSPECT AVE		HUDSON NY 12534	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	78	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	3	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	70	92.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	94.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	92.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	89.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	89.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	38.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	38	50.0	54.8	50.8
Residents requiring restraints.	39	51.3	47.2	41.3
Confused or disoriented residents.	49	64.5	62.7	58.4
Residents with bed sores.	3	3.9	6.6	7.1
Residents receiving special skin care.	9	11.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BIRCHWOOD NH

Street Address: 78 BIRCHWOOD DR		City and State: HUNTINGTON NY 11743	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 195	Type of Ownership: PROPRIETARY	Survey Date: 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 190	Medicare Residents: 3	Medicaid Residents: 165
---	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	170	89.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	170	89.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	157	82.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	84.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	141	74.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	25.3	42.0	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	86	45.3	54.8	50.8
Residents requiring restraints.	136	71.6	47.2	41.3
Confused or disoriented residents.	122	64.2	62.7	58.4
Residents with bed sores.	4	2.1	6.6	7.1
Residents receiving special skin care.	85	44.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	4	0.7	1123	11.9
MET	47	8.3	2045	21.6
MET	26	4.6	1662	17.6
MET	19	3.4	2739	29.0
MET	9	1.6	1389	14.7
MET	6	1.1	587	6.2
MET	11	1.9	816	8.6
MET	13	2.3	1099	11.6
NOT MET	118	20.8	1270	13.4
MET	5	0.9	1216	12.9
MET	23	4.1	1041	11.0
MET	33	5.8	1413	14.9
MET	16	2.8	1408	14.9
MET	20	3.5	2340	24.7
MET	2	0.4	700	7.4
MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARILLON HOUSE NH

Street Address: 830 PARK AVE		City and State: HUNTINGTON NY 11743	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 302	Type of Ownership: PROPRIETARY	Survey Date: 05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 299	Medicare Residents: 0	Medicaid Residents: 224	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	286	95.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	210	70.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	191	63.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	172	57.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	196	65.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	94	31.4	42.0	37.7
Completely bedfast residents.	3	1.0	1.9	3.4
Residents confined to chairs.	92	30.8	54.8	50.8
Residents requiring restraints.	111	37.1	47.2	41.3
Confused or disoriented residents.	157	52.5	62.7	58.4
Residents with bed sores.	8	2.7	6.6	7.1
Residents receiving special skin care.	75	25.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILAIRE FARM NH

Street Address:		City and State:	
HILAIRE DRIVE		HUNTINGTON NY 11743	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	76	PROPRIETARY	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
74		1		17	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		67	90.5	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		66	89.2	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		63	85.1	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		61	82.4	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		56	75.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.		6	8.1	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		36	48.6	42.0	37.7
Completely bedfast residents.		2	2.7	1.9	3.4
Residents confined to chairs.		56	75.7	54.8	50.8
Residents requiring restraints.		37	50.0	47.2	41.3
Confused or disoriented residents.		42	56.8	62.7	58.4
Residents with bed sores.		2	2.7	6.6	7.1
Residents receiving special skin care.		11	14.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VICTORY LAKE NURSING CENTER

Street Address:		City and State:	
101 NORTH QUAKER LANE		HYDE PARK NY 12538	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	NON-PROFIT RELIGIOUS	12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
120	2	93	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	110	91.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	95.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	87.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	90.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	84.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	60.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	98	81.7	54.8	50.8
Residents requiring restraints.	97	80.8	47.2	41.3
Confused or disoriented residents.	87	72.5	62.7	58.4
Residents with bed sores.	11	9.2	6.6	7.1
Residents receiving special skin care.	92	76.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOHAWK VALLEY NH INC SNF

Street Address:		City and State:	
295 W MAIN ST		ILION NY 13357	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	NON-PROFIT OTHER	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
120	0	108			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		119	99.2	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		120	100	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		115	95.8	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		116	96.7	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		109	90.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		71	59.2	42.0	37.7
Completely bedfast residents.		3	2.5	1.9	3.4
Residents confined to chairs.		63	52.5	54.8	50.8
Residents requiring restraints.		80	66.7	47.2	41.3
Confused or disoriented residents.		58	48.3	62.7	58.4
Residents with bed sores.		8	6.7	6.6	7.1
Residents receiving special skin care.		22	18.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKESHORE NH INC

Street Address:		City and State:	
ROUTE 5 & 20		IRVING NY 14081	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	NON-PROFIT OTHER	11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
40	0	35		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		40	100	86.3
Dressing				
Residents requiring some or total assistance in dressing.		40	100	84.2
Toileting				
Residents requiring some or total assistance in toileting.		40	100	75.9
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		39	97.5	78.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		34	85.0	70.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5
Eating				
Residents receiving tube feedings or requiring assistance with eating.		21	52.5	42.0
Completely bedfast residents.		0	0.0	1.9
Residents confined to chairs.		37	92.5	54.8
Residents requiring restraints.		32	80.0	47.2
Confused or disoriented residents.		21	52.5	62.7
Residents with bed sores.		5	12.5	6.6
Residents receiving special skin care.		16	40.0	38.6

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAYVIEW NH

Street Address:		City and State:	
1 LONG BEACH ROAD		ISLAND PARK NY 11558	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	185	NON-PROFIT PRIVATE	12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
180		0		162	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		170	94.4	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		173	96.1	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		166	92.2	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		160	88.9	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		160	88.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		93	51.7	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		120	66.7	54.8	50.8
Residents requiring restraints.		139	77.2	47.2	41.3
Confused or disoriented residents.		137	76.1	62.7	58.4
Residents with bed sores.		9	5.0	6.6	7.1
Residents receiving special skin care.		74	41.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKESIDE NH

Street Address:		City and State:	
1229 TRUMANSBURG RD		ITHACA NY 14850	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	260	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
257	0	207		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	209	81.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	212	82.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	166	64.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	60.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	145	56.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	45	17.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	28.8	42.0	37.7
Completely bedfast residents.	1	0.4	1.9	3.4
Residents confined to chairs.	129	50.2	54.8	50.8
Residents requiring restraints.	101	39.3	47.2	41.3
Confused or disoriented residents.	140	54.5	62.7	58.4
Residents with bed sores.	14	5.4	6.6	7.1
Residents receiving special skin care.	54	21.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK HILL MANOR NH

Street Address: 602 HUDSON ST		City and State: ITHACA NY 14850	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 59	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	91.5	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	55	93.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	50	84.7	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	88.1	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	83.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	45.8	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	43	72.9	54.8	50.8
Residents requiring restraints.	30	50.8	47.2	41.3
Confused or disoriented residents.	30	50.8	62.7	58.4
Residents with bed sores.	8	13.6	6.6	7.1
Residents receiving special skin care.	0	0.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RECONSTRUCTION HOME INC

Street Address:		City and State:	
318 SOUTH ALBANY STREET		ITHACA NY 14850	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	NON-PROFIT OTHER	06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
79	2	65		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	73	92.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	98.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	91.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	83.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	84.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	53.2	42.0	37.7
Completely bedfast residents.	1	1.3	1.9	3.4
Residents confined to chairs.	67	84.8	54.8	50.8
Residents requiring restraints.	46	58.2	47.2	41.3
Confused or disoriented residents.	33	41.8	62.7	58.4
Residents with bed sores.	9	11.4	6.6	7.1
Residents receiving special skin care.	19	24.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	4	0.7	1123	11.9
MET	47	8.3	2045	21.6
MET	26	4.6	1662	17.6
MET	19	3.4	2739	29.0
MET	9	1.6	1389	14.7
MET	6	1.1	587	6.2
MET	11	1.9	816	8.6
MET	13	2.3	1099	11.6
NOT MET	118	20.8	1270	13.4
MET	5	0.9	1216	12.9
MET	23	4.1	1041	11.0
MET	33	5.8	1413	14.9
MET	16	2.8	1408	14.9
NOT MET	20	3.5	2340	24.7
MET	2	0.4	700	7.4
MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHAPIN HOME FOR THE AGING

Street Address: 165 01 CHAPIN AVE		City and State: JAMAICA NY 11432	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 78	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
77	0	69			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		59	76.6	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		58	75.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		50	64.9	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		64	83.1	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		8	10.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.		13	16.9	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		43	55.8	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		37	48.1	54.8	50.8
Residents requiring restraints.		42	54.5	47.2	41.3
Confused or disoriented residents.		39	50.6	62.7	58.4
Residents with bed sores.		7	9.1	6.6	7.1
Residents receiving special skin care.		47	61.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLAND CARE CENTER

Street Address:		City and State:	
91-31 175TH ST		JAMAICA NY 11432	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	320	PROPRIETARY	05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
312	0	310		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	199	63.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	191	61.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	37.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	32.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	36.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	85	27.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	127	40.7	54.8	50.8
Residents requiring restraints.	70	22.4	47.2	41.3
Confused or disoriented residents.	215	68.9	62.7	58.4
Residents with bed sores.	16	5.1	6.6	7.1
Residents receiving special skin care.	89	28.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLSIDE MANOR NH

Street Address:		City and State:	
182 15 HILLSIDE AVE		JAMAICA NY 11432	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	400	PROPRIETARY	05/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
385	18	319			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		364	94.5	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		294	76.4	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		283	73.5	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		257	66.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		222	57.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		142	36.9	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		200	51.9	54.8	50.8
Residents requiring restraints.		94	24.4	47.2	41.3
Confused or disoriented residents.		253	65.7	62.7	58.4
Residents with bed sores.		9	2.3	6.6	7.1
Residents receiving special skin care.		238	61.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLLISWOOD CARE CENTER

Street Address:		City and State:	
195 44 WOODHULL AVE		JAMAICA NY 11423	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	314	PROPRIETARY	05/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
304		19		255	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		277	91.1	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		186	61.2	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		174	57.2	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		201	66.1	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		161	53.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		4	1.3	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		126	41.4	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		94	30.9	54.8	50.8
Residents requiring restraints.		78	25.7	47.2	41.3
Confused or disoriented residents.		159	52.3	62.7	58.4
Residents with bed sores.		14	4.6	6.6	7.1
Residents receiving special skin care.		70	23.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JAMAICA HOSP NH

Street Address:		City and State:	
90-28 VAN WYCK EXPRESSWAY		JAMAICA NY 11418	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	200	NON-PROFIT OTHER	05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
199	32	146	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	166	83.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	182	91.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	162	81.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	169	84.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	66.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	25.1	42.0	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	153	76.9	54.8	50.8
Residents requiring restraints.	108	54.3	47.2	41.3
Confused or disoriented residents.	110	55.3	62.7	58.4
Residents with bed sores.	26	13.1	6.6	7.1
Residents receiving special skin care.	99	49.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MSGR. FITZPATRICK PAVILION FOR SKILLED

Street Address:		City and State:	
152-11 89TH AVE		JAMAICA NY 11432	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	105	NON-PROFIT RELIGIOUS	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	4	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	93.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	100	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	91.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	77.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	32.3	42.0	37.7
Completely bedfast residents.	2	3.2	1.9	3.4
Residents confined to chairs.	22	35.5	54.8	50.8
Residents requiring restraints.	22	35.5	47.2	41.3
Confused or disoriented residents.	40	64.5	62.7	58.4
Residents with bed sores.	16	25.8	6.6	7.1
Residents receiving special skin care.	62	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUEEN OF PEACE RESIDENCE

Street Address: 110 30 221ST		City and State: JAMAICA NY 11429	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 155	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 151		Medicare Residents: 0		Medicaid Residents: 130			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				123	81.5	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				89	58.9	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				72	47.7	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				75	49.7	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				68	45.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.				4	2.6	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				52	34.4	42.0	37.7
Completely bedfast residents.				0	0.0	1.9	3.4
Residents confined to chairs.				51	33.8	54.8	50.8
Residents requiring restraints.				33	21.9	47.2	41.3
Confused or disoriented residents.				61	40.4	62.7	58.4
Residents with bed sores.				4	2.6	6.6	7.1
Residents receiving special skin care.				52	34.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINDSOR PARK NH

Street Address:		City and State:	
212-40 HILLSIDE AVE		JAMAICA NY 11427	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	70	PROPRIETARY	09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
69	0	63			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	69	100	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	65	94.2	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	60	87.0	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	89.9	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	60	87.0	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	39	56.5	42.0	37.7	
Completely bedfast residents.	0	0.0	1.9	3.4	
Residents confined to chairs.	60	87.0	54.8	50.8	
Residents requiring restraints.	56	81.2	47.2	41.3	
Confused or disoriented residents.	37	53.6	62.7	58.4	
Residents with bed sores.	6	8.7	6.6	7.1	
Residents receiving special skin care.	4	5.8	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FENTON PARK NH

Street Address:		City and State:	
150 PRATHER AVE		JAMESTOWN NY 14701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
188		12		141	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		95	50.5	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		182	96.8	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		180	95.7	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		175	93.1	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		159	84.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.		1	0.5	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		106	56.4	42.0	37.7
Completely bedfast residents.		3	1.6	1.9	3.4
Residents confined to chairs.		73	38.8	54.8	50.8
Residents requiring restraints.		118	62.8	47.2	41.3
Confused or disoriented residents.		136	72.3	62.7	58.4
Residents with bed sores.		26	13.8	6.6	7.1
Residents receiving special skin care.		22	11.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERAN RETIREMENT HOME

Street Address: 715 FALCONER ST		City and State: JAMESTOWN NY 14701	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 252	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 241	Medicare Residents: 4	Medicaid Residents: 140	
---	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	168	69.7	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	173	71.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	141	58.5	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	51.9	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	44.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	6	2.5	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	19.9	42.0	37.7
Completely bedfast residents.	1	0.4	1.9	3.4
Residents confined to chairs.	115	47.7	54.8	50.8
Residents requiring restraints.	71	29.5	47.2	41.3
Confused or disoriented residents.	112	46.5	62.7	58.4
Residents with bed sores.	13	5.4	6.6	7.1
Residents receiving special skin care.	51	21.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR OAK SNF INC

Street Address:		City and State:	
423 BAKER STREET		JAMESTOWN NY 14701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	104	PROPRIETARY	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
99	5	72			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		90	90.9	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		99	100	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		96	97.0	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		96	97.0	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		79	79.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.		1	1.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		72	72.7	42.0	37.7
Completely bedfast residents.		2	2.0	1.9	3.4
Residents confined to chairs.		48	48.5	54.8	50.8
Residents requiring restraints.		64	64.6	47.2	41.3
Confused or disoriented residents.		68	68.7	62.7	58.4
Residents with bed sores.		9	9.1	6.6	7.1
Residents receiving special skin care.		39	39.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

JAMES G JOHNSTON MEMORIAL CENTER

Street Address:		City and State:	
285 DEYO HILL RD		JOHNSON CITY NY 13790	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	NON-PROFIT RELIGIOUS	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
79		0		26	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		55	69.6	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		65	82.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		60	75.9	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		57	72.2	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		43	54.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	24.1	42.0	37.7
Completely bedfast residents.		1	1.3	1.9	3.4
Residents confined to chairs.		39	49.4	54.8	50.8
Residents requiring restraints.		20	25.3	47.2	41.3
Confused or disoriented residents.		42	53.2	62.7	58.4
Residents with bed sores.		5	6.3	6.6	7.1
Residents receiving special skin care.		11	13.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUSQUEHANNA NH

Street Address:		City and State:	
282 RIVERSIDE DRIVE		JOHNSON CITY NY 13790	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
117	1	59	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	95.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	97.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	111	94.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	92.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	84.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	42.7	42.0	37.7
Completely bedfast residents.	9	7.7	1.9	3.4
Residents confined to chairs.	67	57.3	54.8	50.8
Residents requiring restraints.	85	72.6	47.2	41.3
Confused or disoriented residents.	95	81.2	62.7	58.4
Residents with bed sores.	5	4.3	6.6	7.1
Residents receiving special skin care.	32	27.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILSON MEMORIAL HOSP SNF

Street Address:		City and State:	
33 57 HARRISON ST		JOHNSON CITY NY 13790	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	100	NON-PROFIT OTHER	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
97		7		80	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		91	93.8	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		93	95.9	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		90	92.8	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		89	91.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		69	71.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	30.9	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		57	58.8	54.8	50.8
Residents requiring restraints.		37	38.1	47.2	41.3
Confused or disoriented residents.		50	51.5	62.7	58.4
Residents with bed sores.		7	7.2	6.6	7.1
Residents receiving special skin care.		67	69.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WELLS NH

Street Address: 201 W MADISON AVE		City and State: JOHNSTOWN NY 12095	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 1	Medicaid Residents: 47	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	80.0	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	60	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	54	90.0	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	93.3	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	76.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	43.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	27	45.0	54.8	50.8
Residents requiring restraints.	30	50.0	47.2	41.3
Confused or disoriented residents.	49	81.7	62.7	58.4
Residents with bed sores.	6	10.0	6.6	7.1
Residents receiving special skin care.	52	86.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ABBAY NH

Street Address:		City and State:	
2865 ELMWOOD AVE		KENMORE NY 14217	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	79	NON-PROFIT RELIGIOUS	04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
72	2	54			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	71	98.6	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	71	98.6	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	71	98.6	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	98.6	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	59	81.9	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	36	50.0	42.0	37.7	
Completely bedfast residents.	1	1.4	1.9	3.4	
Residents confined to chairs.	69	95.8	54.8	50.8	
Residents requiring restraints.	70	97.2	47.2	41.3	
Confused or disoriented residents.	71	98.6	62.7	58.4	
Residents with bed sores.	7	9.7	6.6	7.1	
Residents receiving special skin care.	20	27.8	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KENMORE MERCY HOSP-SNF

Street Address: 2950 ELMWOOD AVE		City and State: KENMORE NY 14217	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 80	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
80	1	72			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		76	95.0	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		78	97.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		77	96.2	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		78	97.5	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		69	86.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		35	43.8	42.0	37.7
Completely bedfast residents.		2	2.5	1.9	3.4
Residents confined to chairs.		58	72.5	54.8	50.8
Residents requiring restraints.		37	46.2	47.2	41.3
Confused or disoriented residents.		43	53.7	62.7	58.4
Residents with bed sores.		8	10.0	6.6	7.1
Residents receiving special skin care.		46	57.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCHOFIELD RESIDENCE

Street Address:		City and State:	
2746 DELAWARE AV		KENMORE NY 14217	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	65	53		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	77.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	86.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	71.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	65.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	69.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	45.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	30	25.2	54.8	50.8
Residents requiring restraints.	53	44.5	47.2	41.3
Confused or disoriented residents.	68	57.1	62.7	58.4
Residents with bed sores.	4	3.4	6.6	7.1
Residents receiving special skin care.	25	21.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOHNLAND NH INC

Street Address:		City and State:	
SUNKEN MEADOW RD		KINGS PARK NY 11754	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	NON-PROFIT OTHER	03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
198	8	122			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		158	79.8	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		170	85.9	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		154	77.8	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		166	83.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		148	74.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		76	38.4	42.0	37.7
Completely bedfast residents.		13	6.6	1.9	3.4
Residents confined to chairs.		105	53.0	54.8	50.8
Residents requiring restraints.		106	53.5	47.2	41.3
Confused or disoriented residents.		114	57.6	62.7	58.4
Residents with bed sores.		35	17.7	6.6	7.1
Residents receiving special skin care.		60	30.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HUTTON NH

Street Address:		City and State:	
346-364 WASHINGTON AVE		KINGSTON NY 12401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
78	6	52	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	98.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	97.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	97.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	80.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	6	7.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	46.2	42.0	37.7
Completely bedfast residents.	2	2.6	1.9	3.4
Residents confined to chairs.	72	92.3	54.8	50.8
Residents requiring restraints.	48	61.5	47.2	41.3
Confused or disoriented residents.	65	83.3	62.7	58.4
Residents with bed sores.	10	12.8	6.6	7.1
Residents receiving special skin care.	43	55.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ULSTER CO INFIRMARY

Street Address:		City and State:	
GOLDEN HILL DR		KINGSTON NY 12401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	280	LOCAL GOVERNMENT	04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
273	3	270		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	261	95.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	235	86.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	222	81.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	237	86.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	204	74.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	28	10.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	110	40.3	42.0	37.7
Completely bedfast residents.	3	1.1	1.9	3.4
Residents confined to chairs.	158	57.9	54.8	50.8
Residents requiring restraints.	136	49.8	47.2	41.3
Confused or disoriented residents.	158	57.9	62.7	58.4
Residents with bed sores.	34	12.5	6.6	7.1
Residents receiving special skin care.	156	57.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UIHLEIN MERCY CENTER

Street Address:		City and State:	
OLD MILITARY RD		LAKE PLACID NY 12946	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	156	NON-PROFIT RELIGIOUS	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
125	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	80.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	96.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	92.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	75.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	72.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	42.4	42.0	37.7
Completely bedfast residents.	2	1.6	1.9	3.4
Residents confined to chairs.	49	39.2	54.8	50.8
Residents requiring restraints.	64	51.2	47.2	41.3
Confused or disoriented residents.	69	55.2	62.7	58.4
Residents with bed sores.	6	4.8	6.6	7.1
Residents receiving special skin care.	44	35.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FURGALA NH

Street Address:		City and State:	
1818 COMO PARK BLVD		LANCASTER NY 14086	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	89	PROPRIETARY	05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
85	1	55		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	89.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	98.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	98.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	91.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	63.5	42.0	37.7
Completely bedfast residents.	2	2.4	1.9	3.4
Residents confined to chairs.	38	44.7	54.8	50.8
Residents requiring restraints.	66	77.6	47.2	41.3
Confused or disoriented residents.	60	70.6	62.7	58.4
Residents with bed sores.	7	8.2	6.6	7.1
Residents receiving special skin care.	2	2.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OUR LADY OF HOPE

Street Address:		City and State:	
1 JEANNE JUGAN LANE		LATHAM NY 12110	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	177	NON-PROFIT RELIGIOUS	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
149		2		132	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		140	94.0	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		92	61.7	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		76	51.0	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		72	48.3	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		70	47.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		59	39.6	42.0	37.7
Completely bedfast residents.		3	2.0	1.9	3.4
Residents confined to chairs.		44	29.5	54.8	50.8
Residents requiring restraints.		43	28.9	47.2	41.3
Confused or disoriented residents.		65	43.6	62.7	58.4
Residents with bed sores.		5	3.4	6.6	7.1
Residents receiving special skin care.		36	24.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LE ROY VILLAGE GREEN NH NRF INC

Street Address:		City and State:	
10 MUNSON ST		LE ROY NY 14482	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	140	PROPRIETARY	09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
138	0	91		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	79.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	79.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	73.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	58.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	60.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	31.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	85	61.6	54.8	50.8
Residents requiring restraints.	64	46.4	47.2	41.3
Confused or disoriented residents.	77	55.8	62.7	58.4
Residents with bed sores.	3	2.2	6.6	7.1
Residents receiving special skin care.	16	11.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

[illegible]

REF,

Medicare/Medicaid nursing home information.

REF.

Medicare/Medicaid nursing home information.

CMS LIBRARY



3 8095 00015906 7